

Case Number:	CM15-0108821		
Date Assigned:	06/15/2015	Date of Injury:	11/03/2011
Decision Date:	07/14/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56 year old male sustained an industrial injury on 11/03/11. He subsequently reported low back and neck pain. Diagnoses include cervical spine stenosis and lumbar degenerative disc disease. Treatments to date include x-ray and MRI testing, surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience chronic low back pain. Upon examination, there was tenderness over the facet joints and cervical paraspinals, cervical spine range of motion is reduced in all planes. Deep tendon reflexes are plus 1 and symmetric. Spurling's sign is negative and Hoffman's sign is negative bilaterally. A request for 6 Physical Therapy sessions for the Neck and Low Back was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

6 Physical Therapy sessions for the Neck and Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG 2014 (Neck).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Low back section; Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six physical therapy sessions to the neck and low back are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low back pain; lumbar radicular pain; myofascial pain; neck pain; cervical spine stenosis; lumbar DDD; chronic pain syndrome; and right testicular hydrocele. The medical record contains 55 pages. There are no physical therapy progress notes in the medical record. The number of prior physical therapy sessions are not included in the medical record. Utilization review states the injured worker (according to the documentation) is unable or no longer to perform a home exercise program because he can't remember the exercises. The most recent progress note in the medical record is dated April 28, 2015. The injured worker has ongoing neck and low back pain. There is no pain score (on medications) and the symptoms remain unchanged. There are no compelling clinical facts indicating additional physical therapy is warranted. Consequently, absent clinical documentation with prior physical therapy progress notes, total number of physical therapy sessions, and compelling clinical facts indicating additional physical therapy is necessary, six physical therapy sessions to the neck and low back are not medically necessary.