

Case Number:	CM15-0109755		
Date Assigned:	06/16/2015	Date of Injury:	04/21/2010
Decision Date:	07/15/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/08/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

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

The injured worker is a 51-year-old male, who sustained an industrial injury on 04/21/2010. He reported that while he was performing a kitchen related work activity he bent down to pick up a hot pot and took a step back, but his foot was caught on a piece of metal causing him to fall on his buttocks and back sustaining minor burns to his ribs, and immediate severe pain to the lower back. The documentation also noted that approximately two years ago the injured worker had the developed pain to the neck along with numbness and tingling to the hands. The injured worker was diagnosed as having cervical and lumbar sprain/strain with multilevel cervical and lumbar spondylosis and radiation to the bilateral lower extremities. Treatment and diagnostic studies to date has included physical therapy of an unknown quantity, chiropractic therapy, acupuncture, three injections to the back, magnetic resonance imaging of the lumbar spine in 2010, x-rays of the cervical and lumbar spine, medication regimen, and use of cold packs. In a progress note dated 04/23/2015 the treating physician reports complaints of intermittent, shooting, burning pain to the cervical spine that radiates to the right shoulder, right elbow, and associated symptoms of tension, tightness, stiffness, and weakness to the neck with numbness and tingling to the hands. The injured worker also has complaints of constant, sharp, stabbing pain to the lumbar spine that radiates to the leg and toes also with associated symptoms of locking to the lumbar spine. The treating physician also notes a burning sensation with pain radiating into the injured worker's lungs. Examination reveals bilateral paraspinal muscles tenderness at cervical four through seven and to the bilateral upper trapezius muscles, decreased range of motion with pain to the cervical spine, midline tenderness at the lumbar four through

sacral one level and the superior iliac crest, decreased lumbar range of motion, and pain with heel and toe walking. The injured worker's pain level is rated a 6 to 7 out of 10 to the cervical spine and an 8 out of 10 to the lumbar spine. The treating physician noted magnetic resonance imaging of the lumbar spine performed in 2010 that was revealing for multilevel disc bulging. The treating physician requested physical therapy two times a week for six weeks to the cervical and lumbar spine with the treating physician noting encouragement of an aggressive exercise program for core strengthening and trunk stabilization. However, the treating physician noted prior physical therapy was performed, but the medical records lacked documentation on the specific body part it was performed on and did not indicate if the injured worker experienced any functional improvement with prior physical therapy performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks to the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 2 times a week for 6 weeks to the cervical and lumbar spine is not medically necessary and appropriate.