

Case Number:	CM15-0012386		
Date Assigned:	01/29/2015	Date of Injury:	09/09/2002
Decision Date:	12/07/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/21/2015

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, Hawaii
 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 59 year old female who sustained an industrial injury on 09/09/2002. Medical records indicated the worker was treated for pain in the neck. She is status post partial carpectomy at C3, C4, C5, C6, and C7 with anterior discectomy as well as a permanent cervical spinal cord stimulator and a left L4-5 and right L5-S1 Microdiscectomy. She reports her cervical spinal cord stimulator is working well with good coverage to her neck and upper extremity. The worker complains of low back pain that is more manageable with the spinal cord stimulator which is providing excellent paresthesia coverage to her lower back as well as radicular symptoms to her extremities. She is also requesting trigger point injections for this. The provider states she has consistently positive response to physical therapy for flare up of her neck and low back. She currently is on Norco, Prilosec, Topamax, Anaprox, Imitrex, OxyContin, Neurontin, and Cymbalta. Her medications are managed by the pain management specialist and her primary treating physician. Random urine sample testing has been consistent with her prescriptions. On examination, the worker has decreased range of motion in the cervical spine. Examination of the lumbar spine reveals tenderness to palpation of the lumbar musculature bilaterally as well as diffuse muscle rigidity along the lumbar paraspinal muscles and decreased range of motion. She has pain with range of motion. Motor testing in both lower extremities is symmetrical. Deep tendon reflexes are 2 out of 4 in the patella and Achilles on the right and 1 out of 4 on the left. The treatment plan is for trigger point injections in the cervical and lumbar spine, medication refills, and outpatient physical therapy to the cervical spine, lumbar spine and left shoulder with the goal of improving the worker's overall strength,

range of motion, alleviate pain and improve functional levels. A request for authorization was submitted for 12 Twelve Physical Therapy Visits to the Low Back. A utilization review decision 01/14/2015 modified the request to approve 6 physical therapy visits to the low back as an outpatient between 01-15-2015 end 02-26-2015 be certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Twelve Physical Therapy Visits to the Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, www.odg-twc.com; Section: Low Back- Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with decreased range of motion in the cervical spine. The current request is for 12 Physical Therapy visits to the low back. The treating physician states, in a report dated 12/23/14, "I am requesting outpatient physical therapy to her cervical spine, lumbar spine, and left shoulder 2 times a day for 6 weeks" The goals would be to improve the patient's overall strength, range of motion, alleviate pain, and improve functional levels. (1A) MTUS recommends for myalgia, myositis, and neuritis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the treating physician, based on the records available for review, has failed to show why 12 initial sessions of PT are necessary when the guidelines recommend no more than 10. A UR decision letter dated 01/14/15 modified the request to certify 6 PT sessions. The current request is not medically necessary.