MAXIMUS Federal Services

Case Number:	CM15-0137900		
Date Assigned:	07/27/2015	Date of Injury:	05/04/2009
Decision Date:	08/26/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 45 year old male who sustained an industrial injury on 5/4/09 from a fall from a ladder landing on a table resulting in injury to his neck; upper, mid and low back; bilateral shoulders; bilateral arms; bilateral elbows and bilateral wrists. He currently complains of increased back pain from prior visit with a pain level of 6/10 with medications and 8/10 without medications; axial cervical pain. On physical exam of the thoracic spine there was paravertebral muscle tenderness; lumbar spine had restricted range of motion due to pain, tenderness to palpation of bilateral paravertebral muscles with positive straight leg raise on the right. Medications were gabapentin, Norco, baclofen, ibuprofen. Diagnoses include status post disc replacement surgery at C6-7 (12/20/11); cervical radiculopathy; post-cervical laminectomy syndrome; disc disorder cervical. Treatments to date include medications; physical therapy. Diagnostics included cervical MRI showing disc bulges (no date). In the progress note, dated 7/2/15 the treating provider's plan of care includes a request for 10 sessions of physical therapy for the cervical spine and shoulders. Per note, he has had benefit from prior physical therapy sessions years ago.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of Physical Therapy for the cervical spine and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: This claimant was injured in 2009 from a ladder fall. There was alleged injury to his neck; upper, mid and low back; bilateral shoulders; bilateral arms; bilateral elbows and bilateral wrists. On physical exam of the thoracic spine there was paravertebral muscle tenderness; lumbar spine had restricted range of motion due to pain, tenderness to palpation of bilateral paravertebral muscles with positive straight leg raise on the right. Diagnoses include status post disc replacement surgery at C6-7 (12/20/11); cervical radiculopathy; post-cervical laminectomy syndrome; disc disorder cervical. Treatments to date include medications; physical therapy. Per note, he has had benefit from prior physical therapy sessions years ago. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for 10 sessions of Physical Therapy for the Cervical Spine and Shoulders is not medically necessary.