

Case Number:	CM15-0139950		
Date Assigned:	07/29/2015	Date of Injury:	01/23/1997
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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 (IW) is a 63-year-old male who sustained an industrial injury 01-23-1997. Diagnoses include multilevel lumbar herniated nucleus pulposus and facet arthropathy; lumbar spinal stenosis; and cervical herniated nucleus pulposus and degenerative disc disease. Treatment to date has included medications, physical therapy, home exercise and activity modification. According to the progress notes dated 6-8-2015, the IW reported severe neck, back and left shoulder pain rated 8/10. He had completed 12 sessions of physical therapy with noted improvement. On examination his gait was antalgic. There was notable tenderness over the L5 spinal level, especially on the left side. Lumbar flexion was 60 degrees and extension 20 degrees. Lower extremity strength was 5 over 5 bilaterally. Sensory exam was intact to light touch. Reflexes were 1+ at the knees and ankles and pulses were 2+. Straight leg raise was negative. The MRI dated 7-22-2013 showed notable L3-L4 and L4-L5 disc bulges and spinal stenosis with facet arthropathy. An MRI dated 1-7-2015 showed C4-C7 herniated discs and multiple level disc bulges. A request was made for 12 physical therapy sessions for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for cervical /lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the neck, low back and left shoulder. The current request is for 12 physical therapy sessions for cervical/lumbar spine. The treating physician report dated 6/8/15 (13B) states, "We will order 12 more physiotherapy sessions for (the patient) for his neck and back." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided, show the patient has received at least 12 sessions of physical therapy previously. The patient's status is not post-surgical. In this case, the patient has received at least 12 visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.