

Case Number:	CM15-0145867		
Date Assigned:	08/06/2015	Date of Injury:	08/26/2014
Decision Date:	09/03/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 a work related injury August 26, 2014. While holding a box of cabbage, he slipped and fell with a twisting injury to his neck and low back. He had been treated with physical therapy-a total of 18 sessions, medication, hot-cold therapy, a corset, and an IF (interferential current equipment) unit for home use. Past history included hypertension. According to an initial orthopedic evaluation report, dated June 29, 2015, the injured worker presented with complaints of neck pain with radiation to the arms and low back pain with radiation to the legs with numbness and tingling. Physical examination revealed; cervical spine; normal posture, tenderness along the trapezius muscle bilaterally with spasm on the right, range of motion decreased with a loss of 10 degrees of flexion and extension, neurogenic compression tests are positive on the right, and vascular compression tests are negative. Examination of the thoracolumbar spine revealed; normal posture, forward flexion to 60 degrees with fingertips failing to touch the toes by 30 cm, palpation of the lumbar spine reveals tenderness and spasm, supine and active straight leg raising are positive at 60 degrees on the right. An MRI of the cervical spine performed October 11, 2014, revealed a disc herniation at C5-6 with severe right neuroforaminal narrowing. An MRI of the lumbar spine performed October 11, 2014 revealed disc bulging at the L4-5 articulation. Diagnoses are disc herniation of the cervical spine C5-6; disc herniation of the lumbar spine L4-5. At issue is a request for authorization, dated July 10, 2015, for physical therapy to the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x a week x 4 weeks for 6 additional visits to the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2014 when he slipped with a twisting injury and is being treated for ongoing radiating neck and radiating low back pain. Treatments have included 18 physical therapy sessions. When seen, there was decreased spinal range of motion with muscle tenderness and spasms. There was positive cervical compression and straight leg raising. There was decreased right grip strength. Physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

Physical therapy 3 x a week x 4 weeks for 6 additional visits to the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in August 2014 when he slipped with a twisting injury and is being treated for ongoing radiating neck and radiating low back pain. Treatments have included 18 physical therapy sessions. When seen, there was decreased spinal range of motion with muscle tenderness and spasms. There was positive cervical compression and straight leg raising. There was decreased right grip strength. Physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.