

Case Number:	CM15-0148386		
Date Assigned:	08/24/2015	Date of Injury:	07/04/2010
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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 40-year-old male who sustained an industrial injury on 07-04-2010. Mechanism of injury was an auto accident when responding to an emergency call as a police officer. Diagnoses include cervical degenerative disc disease, foraminal stenosis and post laminectomy syndrome. Treatment to date has included diagnostic studies, medications, and physical therapy. He is not working. On 07-09-2015 a Magnetic Resonance Imaging of the lumbar spine showed a diffusely bulging disc at L3-4 with bilateral foraminal narrowing; L4-L5 there is a diffusely bulging disc with bilateral foraminal narrowing, and there is no evidence of spinal stenosis. A physician progress note dated 07-13-2015 documents the injured worker complains of pain in his neck and both arms. He describes his pain as mild to moderate and intermittent. His neck pain is worse than his arm pain. Cervical range of motion was full with no tenderness in his neck. He has full motor strength in both arms. Treatment requested is for 18 sessions of physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Sessions of physical therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25,26.

Decision rationale: Based on the 5/11/15 progress report provided by the treating physician, this patient presents with mild, constant, and intermittent pain in the neck and bilateral arm, back, traveling down right leg/buttocks. The treater has asked for 18 SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL SPINE on 7/15/15. The patient's diagnoses per request for authorization form dated 7/15/15 are cervical degenerative disc disease and foraminal stenosis. The patient states his symptoms are getting worse, and that his primary pain is traveling down his right leg/buttocks per 5/11/15 report. The patient is s/p laminectomy of an unspecified level from 11/14/13. The patient is currently not working as of 5/11/15 report but is released for regular duty with no restrictions. MTUS Post-surgical Guidelines, Low Back section, p 25, 26:- Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. Postsurgical physical medicine treatment period: 6 months. Review of reports show no reports in 2013 and 2014, to show the therapy that may have occurred shortly after the laminectomy occurred in 11/14/13. The utilization review letter dated 7/17/15 does not mention any prior therapy besides the 7 sessions of physical therapy in April 2015 as per 4/30/15 physical therapy report. Review of reports do not mention efficacy of prior therapy. In combination with prior 7 physical therapy sessions, the requested additional 18 physical therapy visits which would exceed MTUS post surgical guidelines for this patient's condition. In addition, the requested therapy is outside the postsurgical timeframe of 6 months. The request IS NOT medically necessary.