

Case Number:	CM15-0165855		
Date Assigned:	09/03/2015	Date of Injury:	07/11/2013
Decision Date:	10/07/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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:

This 41 year old male sustained an industrial injury on 7-11-13. He subsequently reported back and neck pain. Diagnoses include cervical disc displacement. Treatments to date include MRI testing, back surgery, physical therapy, injections and prescription pain medications. The injured worker has continued complaints of neck pain. Upon examination of the cervical spine, there was tenderness, spasm and tightness to the bilateral and suprascapular areas with painful reduced range of motion. Cervical compression and Spurling's test were positive bilaterally. A request for 18 Physical therapy visits for the lumbar spine was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The 41 year old patient complains of neck pain, rated at 9/10, radiating to bilateral upper extremities along with numbness and tingling; and low back pain, rated at 5-6/10, as per progress report dated 08/11/15. The request is for 18 PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE. There is no RFA for this case, and the patient's date of injury is 07/11/13. The patient is also experiencing anxiety, depression, stress and insomnia, as per progress report dated 08/11/15. The patient is status post lumbosacral reconstruction at front and back 15 months ago, as per the same progress report. Diagnoses also included protrusion, collapse, stenosis and neural foraminal narrowing at C5-6 and C6-7; and bilateral upper extremity radiculopathy. Current medications included Tylenol #4, Voltaren gel and Tramadol. The patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 and PHYSICAL MEDICINE section has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, a request for 8 sessions of PT to cervical and lumbar spine is noted in progress report dated 02/17/15. The patient also underwent PT evaluation for these 8 sessions, as indicated by report dated 03/25/15. However, in progress report dated 06/02/15, the treater states "He is not attending physical therapy treatment at this time. He states the physical therapy made the pain worse." It is not clear if this is with respect to lumbar spine or cervical spine. Additionally, the progress reports do not document the total number of sessions of PT completed until now. Furthermore, MTUS only allows for 8-10 sessions in patients who are not in the operative time frame, and the treater's request for 18 sessions exceeds that limit. Hence, the request IS NOT medically necessary.