

Case Number:	CM15-0169401		
Date Assigned:	09/10/2015	Date of Injury:	02/09/2012
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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 58 year old female who sustained an industrial injury on 2-19-12. A review of the medical record indicates that she is undergoing treatment for cervical spine herniated nucleus pulposus, lumbar spine herniated nucleus pulposus, and scoliosis. Medical records (2-24-15 to 7-14-15) indicate ongoing complaints of left-sided neck pain with "shooting" pain to left upper extremity, including left fingers, as well as low back pain. The records indicate that she may have a "possible trigger finger" of the left index finger (6-2-15). The primary treating provider indicated tightness of the cervical spine area, which has "improved range of motion with physical therapy" (7-14-15). This was noted to decrease pain and increase activities of daily living. Her treatment has included modified work activities and physical therapy, which was noted to have an original evaluation date of 5-13-15. She underwent a cervical spine MRI, which was noted in the 2-24-15 progress note. The request for authorization, dated 7-21-15, includes physical therapy twice weekly for six weeks for the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks for the cervical spine: Upheld

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

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 injury in February 2012 and is being treated for neck and back pain. She was evaluated for physical therapy on 05/13/15. Prior treatments had included chiropractic care which had helped the most. Prior treatments had included physical therapy, which made symptoms worse. As of 06/01/15, there had been completion of three treatment sessions with some improvement. The assessment references the claimant as compliant with her current home exercise program. When seen, she was having ongoing left-sided neck discomfort with left upper extremity pain. There had been improvement in low back pain after an epidural injection. Physical examination findings included cervical spine tightness with improved range of motion. There was minimal lumbar tenderness with negative straight leg raising. Authorization for an additional 12 treatments for the cervical spine and 12 treatments for the lumbar spine were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy including a home exercise program. 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 this case, the number of additional visits requested is in excess of that recommended or what might be needed to revise and finalize 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 2x6 weeks for the lumbar spine: Upheld

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

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 injury in February 2012 and is being treated for neck and back pain. She was evaluated for physical therapy on 05/13/15. Prior treatments had included chiropractic care, which had helped the most. Prior treatments had included physical therapy, which made symptoms worse. As of 06/01/15, there had been completion of three treatment sessions with some improvement. The assessment references the claimant as compliant with her current home exercise program. When seen, she was having ongoing left-sided neck discomfort with left upper extremity pain. There had been improvement in low back pain after an epidural injection. Physical examination findings included cervical spine tightness with improved range of motion. There was minimal lumbar tenderness with negative straight leg raising. Authorization for an additional 12 treatments for the cervical spine and 12 treatments for

the lumbar spine were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy including a home exercise program. 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 this case, the number of additional visits requested is in excess of that recommended or what might be needed to revise and finalize 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.