

Case Number:	CM15-0183644		
Date Assigned:	09/24/2015	Date of Injury:	11/12/2014
Decision Date:	10/29/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/18/2015

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 47 year old female who sustained an industrial injury on November 12, 2014. A recent primary treating office visit dated July 02, 2015 reported subjective complaint of "neck and low back pain, feeling better, still constant pain in neck and low back." "Stiffness in neck." Pain is rated a 4 out of seven in intensity to the neck and 2-3 in intensity for low back pain. Current medication noted Motrin. She is currently participating in physical therapy states "it is helping." The assessment noted the worker with: status post cervical strain and status post lumbar strain. "Done with therapy and it is helping." She wants to continue while she is working." She is "doing better enough to return to modified duty and doing okay. Of note, she has been cleared by ear nose throat specialist to operate a motorized vehicle. There is request for additional physical therapy session. The plan of care noted: continuing with physical therapy additional 12 sessions; continue Motrin, and modified work duty. A physical therapy session dated July 23, 2015 reported subjective complaint of "feels muscle stiffness and tightness throughout the cervical and lumbar spine" which are limiting overall function. She feels "constant symptoms which increases into sharp intermittent pain with movements. She reports "increased back and neck pain due to having a break from therapy," and "feels as though symptoms improve with physical therapy, but get much worse without". The assessment noted the worker with "good tolerance to treatment session, but demonstrates increased muscle tension throughout upper and lower back. Neck demonstrates facet dysfunction, improved with manipulations. An older physical therapy note dated February 03, 2015 reported subjective complaint of "feeling improvements today with pain tolerance." The assessment noted: "good response to treatment session today. "Worked on glute pain and low back." Patient stated "pain was improved by the end of session." Primary follow up dated February 03, 2015 reported "condition unchanged." And "need for consultation." There

were subjective complaints of: cervical spine, vertigo, and lumbar pain. The patient's overall symptoms have only slightly improved." "She has completed all 12 sessions of physical therapy", and reports "slow, but steady improvement." She is inquiring about physical therapy. "Overall the patient does not seem to be making significant progress." "It appears that there will be a delay in the original timetable for recovery due to the identification of persistent symptoms unrelieved by treatments tried thus far." Treating diagnoses applied to this visit included: strain lumbosacral active; strain cervical active, and dizziness, vertigo active. On both July 31, 2015 and August 03, 2015 request was made for physical therapy additional 12 sessions for low back and neck noted with denial due to no significant documented evidence of functional improvement with previous physical therapy; no documented evidence of home exercise program which are required in meeting guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the low back and neck: 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 Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program for flare-up, new injury, progressive deterioration, or with documented functional improvement in terms of increased ADLs with decreased pharmacological profile and medical utilization. For chronic injury with new findings, therapy may be medically appropriate to allow for relief and re-instruction on a home exercise program for a chronic injury. It appears the patient made some progress with therapy; however, request for continued therapy is beyond the quantity for guidelines criteria for reassessment with further consideration for additional sessions upon documented functional benefit. Submitted reports have not adequately demonstrated the indication to support for excessive quantity of PT sessions without extenuating circumstances established beyond the guidelines. The Physical therapy 3 times a week for 4 weeks for the low back and neck is not medically necessary and appropriate.