

Case Number:	CM15-0183929		
Date Assigned:	09/24/2015	Date of Injury:	10/01/2013
Decision Date:	10/30/2015	UR Denial Date:	08/21/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 23 year old male sustained an industrial injury on 11-17-14. Documentation indicated that the injured worker was receiving treatment for thoracic spine degenerative disc disease, lumbar and thoracic disc protrusion and lumbar myospasm. Previous treatment included physical therapy, acupuncture, chiropractic therapy, extracorporeal shockwave therapy and medications. In an initial evaluation dated 5-12-15, the injured worker complained of intermittent upper, mid and low back pain and loss of sleep due to pain. Physical exam was remarkable for thoracic and lumbar spine with tenderness to palpation to the paraspinal musculature, range of motion thoracic spine: Flexion 45 degrees and bilateral rotation 10 degrees and lumbar spine range of motion: flexion 30 degrees, extension 20 degrees and bilateral lateral bend 20 degrees. The treatment plan included physical therapy twice a week for three weeks and chiropractic therapy twice a week for three weeks. In a PR-2 dated 8-18-15, the injured worker's subjective complaints and the physician's objective findings were unchanged. The injured worker reported feeling better in the low back from the shockwave therapy. The treatment plan included continuing shockwave therapy and home exercise and a second request for physical therapy twice a week for three weeks. On 8-21-15, Utilization Review noncertified a request for physical therapy for the lumbar and thoracic spine twice a week for three weeks and physical therapy reevaluation in 4 to 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar and thoracic spine 2 times a week for 3 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had completed an unknown amount of prior physical therapy. The claimant was performing home exercises. Consequently, additional therapy sessions are not medically necessary.

Physical therapy re-evaluation in 4-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Independent Medical Examinations and Consultations.

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

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. As noted above, the claimant completed an unknown amount of therapy in the past. The claimant was able to perform exercises at home. Additional physical therapy is not needed. As a result, the request for additional physical therapy evaluation is not necessary.

Sleep study consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the ODG guidelines, a sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Criteria for a sleep study include: 1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, the claimant did not meet the criteria above. There was no documented history of 6 months of insomnia or daytime somnolence. There was only mention of emotional stressors causing sleep disturbance. The request for a sleep study is not medically necessary.