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| Case Number: | CM15-0185651 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 05/01/2015 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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, Hawaii

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 50 year old male who sustained an industrial injury on 05-01-2015. Medical records indicated the worker was treated for back pain with cervical disc degeneration. In the provider notes of 08-12-2015, the injured worker complained of neck pain radiating down the bilateral arms and low back pain radiating down the bilateral legs. Since his injury on 05-01-2015, he has been treated with physical therapy, which was reported to have been of minimal help. On exam, there is no loss of balance, no loss of bowel or bladder control, no obvious deformity of the spine. Motor is 4+-5 throughout the bilateral upper and lower extremities. Sensation is intact to light touch, but decreased in the bilateral C5, C6, and C7. There is no clonus. Fingers and toes are warm and well perfused. X-rays of the cervical spine show severe degenerative disc disease from C3 to C7. Review of MRI of the cervical spine showed disc herniation at C3-C5 and C4-C5 causing moderate amount of stenosis. Review of the x-ray of the lumbar spine showed moderate spondylosis at L5-S1 and retrolisthesis of L5 over S1. Review of MRI of the lumbar spine showed spondylosis at multiple levels with disc bulging at L5-S1. The plan is for another course of physical therapy with follow-up in six weeks for re-evaluation. A request for authorization was submitted 08-25-2015 for Physical therapy 2x6 for the neck. A utilization review decision 09-01-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 for the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

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

Decision rationale: The patient presents with neck pain radiating down the bilateral arms and low back pain radiating down the bilateral legs. The current request is for Physical Therapy 2 x 6 for the neck. The treating physician states, in a report dated 08/12/15, the patient has had minimal physical therapy. At this point I would like to start him on another course of physical therapy. (7C) The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The patient's status is not post-surgical. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.