

Case Number:	CM15-0186906		
Date Assigned:	09/28/2015	Date of Injury:	07/30/2013
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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:

The injured worker is a 53 year old male, who sustained an industrial injury on 7-30-2013. The injured worker was being treated for lumbago, cervicgia, thoracic spine pain, sprain-strain of the knee and leg, adjustment disorder with depressed mood, unspecified insomnia, and history of right lower extremity deep vein thrombosis. Treatment to date has included diagnostics, trigger point injections, chiropractic, unspecified physical therapy ("helped temporarily, but then pain returned"), home exercises, and medications. Currently (8-04-2015), the injured worker complains of continued low back pain and muscular tightness-spasms, intermittent left lower extremity paresthesias, left leg pain with sharp-tingling sensations with radiation down his groin and inner thigh to his foot, and neck issues "remained the same". He reported that recent trigger point injections in the low back were helpful but "have completely dissipated" and he requested repeat trigger point injections. He reported that medications helped preserve functionality and increase ease of activities of daily living. His pain was not rated. His functionality was not described. Medications included Norco, Gabapentin, Medrox ointment, Flexeril, Laxacin, Ambien, and Coumadin. Exam of the cervical spine noted flattened lordosis, tenderness over the bilateral splenius capitis-cervical muscles, range of motion "limited to stiffness", motor strength "normal", and sensations "normal". Exam of the thoracic spine noted inspection "within normal limits" and "no tenderness to palpation". Exam of the lumbar spine noted "somewhat" flattened lordosis, tenderness over the paralumbar extensors and facet joints, range of motion "limited" due to pain and stiffness, motor strength 5 of 5, and sensation intact. His gait was "normal". The treating physician documented that "authorization for a new L-spine MRI still pending"

(previous lumbar spine testing not submitted). His work status was permanent and stationary. Progress notes from previous physical therapy sessions were not submitted. The treatment plan included physical therapy for the neck x6 and magnetic resonance imaging of the lumbar spine without contrast. On 8-25-2015, Utilization Review non-certified the request for physical therapy for the neck and magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the neck, twice a week, for three weeks, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, 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 undergone numerous therapy sessions over the past 2 years. Consequently, additional therapy sessions are not medically necessary.