

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0189588 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 06/10/2014 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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:

This then said 29 year old female sustained an industrial injury on 06-10-2014. According to a follow up evaluation dated 08-17-2015, the injured worker had neck, mid and low back pain referring down into the right lower extremity. Neck pain was rated 4-7 in intensity on a scale of 1-10. Back pain was rated 5-8. Lower back pain was rated 7. Lyrica did not give her any relief of the burning sensation that she continued to feel in the right lower extremity. She continued to experience a shooting pain from the right lower back into the right knee. Sulindac and Robaxin did not give her any relief. She continued to have numbness over the right posterior calf. She finished physical therapy in June of 2015 with "improved strength". She continued to have poor sleep secondary to the pain. She was sleeping on an average of 3 to 4 hours a night. There was slight to moderate tenderness on palpation over the cervical spine on the right at C2-C3, C3-C4, C4-C5 and C5-C6 levels. There was slight to moderate pain to palpation. The left T9-T10 levels had spasms. She had positive Spurling's sign referring to the right interscapular region. Sensibility was intact. Motor strength was 5 out of 5 throughout the upper extremities. Range of motion was complete in all directions except for lateral rotations and degrees of moderate pain referring to the left side. Left lateral flexion was 45 degrees with mild pain referring to the right side. Assessment included cervical disc injury with facet arthralgia, lumbar disc injury with facet arthralgia, right L4-L5, L5-S1 radiculopathy, right ACL injury, right ankle sprain with foot drop and right ulnar drop. The treatment plan included Butrans and Tylenol No. 3. The provider noted that the injured worker may consider and epidural injection if pain persists after physical therapy and medication adjustments. According to a previous progress report dated 05-14-2015, the

injured worker had completed four out of eight authorized physical therapy sessions. She reported mildly improved mobility with the physical therapy sessions. According to an MRI report of the cervical spine performed on 07-15-2015, there was mild disc bulging at C4-5, C5-6 and C6-7. No focal disc herniation was seen. There was no compromise of the central canal or of the neural foramina. There was no compression deformity or subluxation. There was an 8 millimeter mildly T2 hyperintense left thyroid lobe nodule. On 09-08-2015, Utilization Review non-certified the request for physical therapy 1-2 x 3 for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 x 3 for the Cervical Spine: 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 patient presents with pain affecting the cervical spine. The current request is for Physical therapy 1-2 x 3 for the Cervical Spine. The treating physician report dated 7/13/15 (8b) states, "Physical Therapy-learned exercises are proving effective in improving patient's pain levels, function, ROM and overall sense of comfort. She completed approximately 11 sessions previously." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. 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 medical reports provided show the patient has received at least 11 sessions of physical therapy previously for the cervical spine. The patient's status is not post-surgical. In this case, the patient has received at least 11 sessions of physical therapy to date and therefore the current request of 6 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.