

Case Number:	CM15-0190231		
Date Assigned:	10/02/2015	Date of Injury:	04/19/1999
Decision Date:	11/09/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 4-19-99. A review of the medical records indicates she is undergoing treatment for cervical spine sprain, thoracic spine sprain, and herniated disk of the lumbar spine. Medical records (7-17-15 to 8-21-15) indicate ongoing complaints of neck and low back pain. She reports that her pain radiates to both hands and that she has numbness and tingling in both hands. Her most recent pain rating (8-21-15) was "9 out of 10". However, on 7-17-15 it was "6 out of 10" and on 7-27-15 it was "10 out of 10". She was noted to have an ear infection on the 7-27-15 and was told by her primary care provider that the "symptoms were coming from her neck". The physical exam (8-21-15) reveals cervical spine flexion of 40 degrees with extension of 30 degrees. Tenderness to palpation is noted over the paravertebral musculature and trapezial musculature with spasm on the right. Tenderness and spasms is noted over the paravertebral musculature of the thoracic spine. The lumbosacral exam indicates "flexion shows 12 inches lacking from fingertips to the floor". Extension is 20 degrees. Tenderness and spasm is noted over the paravertebral musculature. The neurological exam reveals "normal for motor, reflex, and sensory" for upper and lower extremities. The straight leg raising test is negative. The records indicate "limitations to perform activities of daily living at 100% of normal" (8-21-15). Diagnostic studies are not included in the reviewed records. Treatment has included medications, chiropractic treatments, a thoracolumbar brace, a home exercise program, and physical therapy. She has received a total of, at least, 22 sessions of physical therapy to date (8-21-15). The utilization review (9-11-15)

includes a request for authorization for additional physical therapy twice a week for four weeks for the cervical spine. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT (Physical Therapy), twice a week for four weeks, for the body part of cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1999 and continues to be treated for chronic neck and low back pain. In August 2015 she was having increasing low back pain. She had completed seven of eight arthritis physical therapy sessions which had been helpful. She had pain rated at 9/10. Physical examination findings included decreased cervical and lumbar spine range of motion with widespread paravertebral and trapezius muscle tenderness and spasms. There was a normal neurological examination with negative straight leg raising. Recommendations included use of a thoracolumbar brace and a continued independent home exercise program. An additional eight physical therapy treatments were requested. The claimant is being treated for chronic pain with no new injury and had already had physical therapy and was performing a hep. Ongoing compliance would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to revise the claimant's home exercise program. The request is not medically necessary.