

Case Number:	CM15-0194070		
Date Assigned:	10/07/2015	Date of Injury:	04/03/2000
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/02/2015

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 74 year old male who sustained an industrial injury 04-03-00. A review of the medical records reveals the injured worker is undergoing treatment for low back pain with bilateral radiculopathy and neck pain. Medical records (08-19-15) reveal the injured worker complains of low back pain radiating down to the bilateral legs as well as neck pain. The physical exam (08-19-15) reveals an antalgic gait, no tenderness to palpation and motor strength 5/5 in all extremities. Sensation is intact to light touch but is decreased in the distribution of bilateral L4-S1. Prior treatment includes an unknown amount of physical therapy. The original utilization review (09-22-15) non-certified the request for 12 sessions of physical therapy to the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the lumbar and cervical spine: Upheld

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

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

Decision rationale: The patient presents with neck pain as well as low back pain radiating to bilateral legs. The current request is for 12 sessions of physical therapy for the lumbar and cervical spine. The treating physician states 8/19/15 (13B) "The patient has had some physical therapy in the past with no help. He is not sure if he has had any epidural injections. He feels that his balance is fairly poor. He is very symptomatic. He is unable to do his normal activities of daily living." The treating physician continues, "At this point, I would like to start the patient on a course of physical therapy." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. In this case, the clinical reports provided indicated that physical therapy sessions have been completed in the past; however, the number of completed PT visits is unknown. Without a clear picture of what has transpired, a determination as to whether guidelines have been met is not possible. Additionally, the clinical records reviewed do not provide documentation as to why a full independent home exercise program has not been established. There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline recommendation. The current request is not medically necessary.