MAXIMUS Federal Services

Case Number:	CM15-0197214		
Date Assigned:	10/12/2015	Date of Injury:	05/20/2004
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/07/2015

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 is a 54 year old female who sustained an industrial injury on 5-20-2004. A review of the medical records indicates that the injured worker is undergoing treatment for status post C6-7 anterior cervical discectomy and fusion (ACDF), fibromyalgia, pain disorder associated with psychological factors and general medical condition, major depressive disorder and bilateral shoulder impingement. Per the progress report dated 4-6-2015, the injured worker complained of pain throughout her neck and back. According to the progress report dated 8-10-2015, the injured worker "continued to do poorly with findings of advanced pain syndrome." She was noted to have difficulty completing all activities of daily living. Per the treating physician (7-3-2015), the injured worker was permanently disabled. The physical exam (8-10-2015) revealed the injured worker to be alert and somewhat agitated. She had diffuse spine tenderness. Treatment has included surgery, psychotherapy, physical therapy and medication. The treatment plan (8-10-2015) was for physical therapy for increasing neck and back pain complaints. The original Utilization Review (UR) (9-17-2015) denied a request for physical therapy for the lumbar and cervical spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits x12 for the lumbar and cervical spine: Upheld

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

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

Decision rationale: The patient presents with pain affecting the lumbar and cervical spine. The current request is for Physical therapy visits x12 for the lumbar and cervical spine. The treating physician report dated 8/10/15 (25B) states, "Request physical therapy for increasing neck and back pain complaints. She has had no recent treatment. Physical therapy in the past has improved the symptoms and function." 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 prior physical therapy although the quantity of sessions received is unknown. While the patient is status post C6-7 anterior discectomy and cervical fusion, the date of the performed procedure is not specified in the medical reports provided for review. 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.