

Case Number:	CM15-0199732		
Date Assigned:	10/14/2015	Date of Injury:	10/08/2014
Decision Date:	11/30/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/12/2015

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

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 51-year-old female, who sustained an industrial injury on 10-8-2014. Medical records indicate the worker is undergoing treatment for lumbar radiculopathy, cervical sprain and knee internal derangement. The most recent progress report dated 9-10-2015, reported the injured worker complained of debilitating headaches. Subjective complaints on 6-11-2015, included neck and back pain and right knee pain. Physical examination revealed cervical and lumbar paraspinal tenderness and spasm with lumbar restricted range of motion. Treatment to date has included an unknown number of physical therapy visits and medication management. On 6-11-2015, the Request for Authorization requested Physical therapy 12 visits (3 times a week for 4 weeks) to cervical, thoracic, and lumbar spine. On 9-18-2015, the Utilization Review modified the request for Physical therapy 12 visits (3 times a week for 4 weeks) to cervical, thoracic, and lumbar spine to 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 visits (3 times a week for 4 weeks) to cervical, thoracic, and lumbar 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 headaches. The request is for PHYSICAL THERAPY 12 VISITS (3 TIMES A WEEK FOR 4 WEEKS) TO CERVICAL, THORACIC, AND LUMBAR SPINE. Physical examination to the cervical spine on 09/10/15 revealed tenderness to palpation to the paraspinal muscles with spasm. Range of motion was noted to be restricted. Examination to the lumbar spine revealed tenderness to palpation to the paravertebral muscles with spasm. Range of motion was noted to be limited. Per 06/11/15 Request For Authorization form, patient's diagnosis include headache syndrome, cervical sprain, lumbar radiculopathy, and internal derangement of knee not otherwise specified, and pain in limb. Patient's medications, per 09/03/15 Request for Authorization form include Naproxen and Carisoprodol. Per 09/10/15 progress report, patient is temporarily totally disabled for 6 weeks. The MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In progress report dated 06/11/15, under treatment plan, the treater states that the patient is to complete physical therapy and will order another course. It is not clear how many sessions of physical therapy the patient has completed to date. The utilization review letter dated 07/17/15 has modified the request to 6 sessions. In this case, the treater has not documented a reduction in pain and functional improvement from previous therapy. Furthermore, the treater has not discussed why the patient cannot transition into a home based exercise program. Additionally, the guidelines allow up to 10 sessions of therapy and the requested 12 sessions, in addition to prior sessions, exceeds guideline recommendations. Therefore, the request IS NOT medically necessary.