

Case Number:	CM15-0200069		
Date Assigned:	10/15/2015	Date of Injury:	07/23/2015
Decision Date:	12/01/2015	UR Denial Date:	10/06/2015
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, 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 50 year old female who sustained an industrial injury on 7-23-15. A review of the medical records indicates she is undergoing treatment for cervicgia, low back pain, and post-concussion syndrome. The 9-30-15 record indicates that she complains of headaches, "cramps", and right neck pain, as well as low back pain that radiates to the left calf. Tenderness is noted in the cervical spine and trapezii bilaterally, as well as the left lumbar paraspinal muscles. The treating provider indicates that she has two sessions left of physical therapy. The 8-18-15 physical therapy evaluation reveals recommendations for physical therapy twice a week for four weeks. The 9-8-15 physical therapy report indicates that the injured worker is working 6 days a week. She has demonstrated "improved lumbar active range of motion". Flexion is noted to be "full". Extension is noted to be "70%". The report states that the injured worker "demonstrates competency with a home exercise program". Treatment recommendations include physical therapy two times a week for 4-6 weeks. The treating provider indicates continuation of physical therapy for 12 sessions. The utilization review (10-6-15) includes a request for authorization of physical therapy x 12 visits for the lumbar spine and 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:

Physical therapy for the lumbar spine and cervical spine, 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back - Physical therapy (PT); ODG, Low Back - Physical therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with pain affecting the lumbar and cervical spine. The current request is for Physical therapy for the lumbar spine and cervical spine, 12 visits. The requesting treating physician report dated 9/30/15 (15B) is partially illegible and provides no rationale for the current request. 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 10 sessions of physical therapy for the lumbar and cervical spine previously. The patient's status is not post-surgical. In this case, the patient has received at least 10 sessions of physical therapy to date and 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 brief, handwritten PTP progress notes provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.