

Case Number:	CM15-0201925		
Date Assigned:	10/16/2015	Date of Injury:	10/29/1993
Decision Date:	11/30/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/14/2015

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 65 year old male, who sustained an industrial injury on 10-29-1993. The injured worker is being treated for cervical strain and lumbar strain. Treatment to date has included medications, lumbar sacral orthosis, trigger point injections, physical therapy, home exercise, pool therapy and chiropractic therapy. Per the Primary Treating Physician's Progress Report dated 9-03-2015, the injured worker presented for reevaluation. Trigger point injections were performed with Lidocaine on 8-20-2015 which reduced the severity of his pain and the next trigger point injections will be injected with steroids. He previously increased his Lyrica to reduce muscle spasms, and Norco reduces the severity of his pain and increases activities of daily living. Flector patches will be requested for longer acting pain relief and he has been approved for cognitive behavioral therapy. During a prior evaluation, lumbar sacral orthosis dropped the severity of his pain dropped over 50%. Activities of daily living continue to be significantly limited by the severity of his chronic pain. Objective findings included tenderness of the cervical and lumbar spine with reduced ranges of motion. Trigger point injections were provided. Per the medical records submitted, (7-02-2015 to 9-30-2015) the number of visits of physical therapy to date is not specified, nor is there documentation of functional improvement attributed to physical therapy including improvement in symptoms, increase in activities of daily living or subjective or objective decrease in pain level. The plan of care included medications, physical therapy and lumbar orthosis. Authorization was requested on 9-03-2015 for 12 visits of physical therapy for the cervical and lumbar spine. On 9-16-2015, Utilization Review non-certified the request for 12 visits of physical therapy for 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 for the cervical and lumbar spine (12): Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical therapy (PT).

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 in October 2003 and is being treated for a chronic lumbar strain. When seen, there had been improvement after trigger point injections done with lidocaine and injection with steroids was planned. Physical examination findings included decreased cervical and lumbar spine and bilateral shoulder range of motion. There were spasms and muscle tenderness was present. Authorization for physical therapy for the cervical and lumbar spine was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not medically necessary.