

Case Number:	CM15-0202539		
Date Assigned:	10/19/2015	Date of Injury:	02/02/2006
Decision Date:	12/02/2015	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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 72 year old female with a date of injury on 02-02-2006. The injured worker is undergoing treatment for lumbar and cervical strain-spondylosis. Comorbid diagnosis is hypertension. A physician progress note dated 07-27-2015 documents the injured worker has had no improvement in her symptoms. It is painful to bear weight on her left leg. She continues to have shooting pain down her left leg. Ultracet and Norco were denied. She arises from a seated position slowly. Gait is slow and guarded. Range of motion is restricted and painful. She has intact sensation in her lower extremities. Straight leg raise test is negative. She is retired. Treatment to date has included diagnostic studies, medications, and physical therapy (number and notes not documented). Her medications include Amlodipine, Norco and Ultracet. An Electromyography and Nerve Conduction Velocity done on 06-12-2015 was normal. On 03-18-2015 X rays of the lumbar spine revealed no radiographic abnormalities of the lumbar spine. The Request for Authorization dated 09-08-2015 includes physical therapy, twice a week for six weeks for the cervical and lumbar spine. On 09-16-2015 Utilization Review non-certified the request for physical therapy, twice a week for six weeks 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, twice a week for six weeks for the cervical 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 Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Per guidelines, an initial trial of six sessions is necessary before additional sessions can be approved. The request for 12 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. Additionally, the requested number of sessions is in excess of guideline recommendations for chronic back and neck pain. As such, the request for Physical Therapy, twice a week for six weeks for the cervical and lumbar spine is not medically necessary.