

Case Number:	CM15-0203956		
Date Assigned:	10/20/2015	Date of Injury:	08/07/2011
Decision Date:	12/02/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 40 year old male, who sustained an industrial injury on 8-07-2011. The injured worker was diagnosed as having other cervical disc displacement, high-mid cervical region, and sprain of ligaments of lumbar spine. Treatment to date has included diagnostics, acupuncture, massage, unspecified physical therapy, and medications. Currently (10-06-2015), the injured worker complains of relief of low back pain (noted completion of 6 physical therapy sessions), currently rated 4 out of 10 with medication use (unchanged from 9-08-2015). He reported that his neck pain increased, noting increased soreness in his upper back and neck. He reported the most benefit with physical therapy (reported 6 sessions) for his neck and upper back. Medication use included Lyrica and Naproxen. Objective findings noted "normal muscle tone without atrophy" in the upper and lower extremities. Exam of the neck showed painful range of motion starting at flexion and extension of 20 degrees, lateral bending at 20 degrees, and rotation at 40 degrees. The muscle tone of the trapezius was increased and there was palpable tenderness. His work status was "not permanent and stationary" and he was able to continue current work. The treating physician progress report dated 11-18-2014 for follow-up of neck and back pain, noted that he received "conservative treatment including physical therapy and chiropractic treatment but has not had any improvement". Physical therapy progress reports were not submitted to verify the number of sessions completed, dates of service, or body parts treated. The treatment plan included physical therapy for the cervical spine x12, non-certified by Utilization Review on 10-14-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy, cervical 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy to the cervical spine is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are other cervical disc displacement, high cervical region and mid cervical region; spraining ligaments lumbar spine, initial encounter; and other long-term drug therapy. Date of injury is August 7, 2011. Request for authorization is October 7, 2015. According to a supplemental medical legal report dated September 27, 2014, the injured worker received 16 physical therapy visits between 2011 and 2012 to the cervical spine. There were no physical therapy progress notes in the medical record. There was no documentation demonstrating objective functional improvement with prior cervical spine physical therapy. According to an October 6, 2015 progress note, the documentation indicates the injured worker received relief with physical therapy. Injured worker has ongoing low back pain and neck pain. The treating provider requested and rendered acupuncture, massage therapy, chiropractic treatment and six physical therapy sessions. This appears to be over and above the 16 physical therapy sessions described in the medical legal report (supra). Objectively, there is pain with range of motion and increased muscle tone in the trapezius. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. There is no documentation demonstrating objective functional improvement. There are no physical therapy progress notes in the medical record. Based on the clinical information medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically indicated, 12 sessions physical therapy to the cervical spine is not medically necessary.