

Case Number:	CM15-0208488		
Date Assigned:	10/27/2015	Date of Injury:	10/25/2011
Decision Date:	12/15/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/22/2015

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: Family Practice

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 54-year-old female who sustained an industrial injury on October 25, 2011. The worker is being treated for: chronic cervical strain; advanced degenerative disease; multilevel spondylosis; chronic lumbosacral strain; status post left foot injury. Subjective: February 20, 2015 she reported complaint of cervical pain radiating to bilateral shoulders and bilateral upper extremities described as tingling, numb, and stiff. There is also complaint of lower back pain radiating to bilateral lower extremities accompanied by stiffness, numbness, and decreased motion and left foot pain. Objective: February 20, 2015 noted gait is slowed and wide based; unable to perform toe walk due to left toe restrictions; difficulty with heel walk due to low back pain. There is note of myospasm with myofascial trigger points and referred pain with twitch response along lumbosacral paraspinous bilaterally. She has pain with side bending bilaterally at 10 degrees. There is note of diminished sensation along C5 distributions, and L4 and 5 distributions. SLR is noted positive on the right at 60 degrees and left at 50 degrees. Medications: February 20, 2015: Promethazine, Amitriptyline, Norco, Dilaudid, and Lorazepam. Treatments: activity modification, pain management, DME lumbar brace, epidural injections January 2015, psychiatrist, physical therapy. On September 16, 2015 a request was made for 8 sessions of physical therapy treating cervical and lumbar spine that was noncertified by Utilization Review on September 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks, cervical and lumbar: 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: This patient receives treatment for chronic pain involving her neck and lower back. This relates to an industrial injury on 10/25/2011. The patient suffered a fall while moving her bag on an airline flight. She complained of neck and lower back symptoms. MRIs of the neck and lower back were taken. The patient underwent 24 sessions of PT and had a series of 3 epidural steroid injections in her lumbar spine. Her medications include promethazine, amitriptyline, hydrocodone, Dilaudid, and lorazepam. She receives treatment for a nasopharyngeal carcinoma, not subject for review. On exam, she appears in moderate distress. Her gait is slowed and wide based. The ROM of the lower back is reduced due to pain. SLR exam is positive at 50-60 degrees. There are muscle spasms in her upper back. In the lower extremities, the reflexes are 2+ and the motor exam is symmetrical and intact. Her diagnoses include chronic neck strain, chronic low back pain, spondylosis, and a left foot injury. This review addresses a request for 8 more PT sessions. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. The documentation indicates that the patient has already participated in 24 sessions of PT. There are neither new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. Physical therapy sessions are not medically necessary.