

Case Number:	CM15-0209047		
Date Assigned:	10/28/2015	Date of Injury:	12/12/2014
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49 year old male, who sustained an industrial injury on 12-12-2014. The injured worker is undergoing treatment for: pain to the neck, mid back, lower back, bilateral legs and feet. On 9-1-15, he reported pain to the neck, mid back, lower back and legs. He indicated feeling his pain was progressive over the last 9 months. He also indicated numbness, tingling and weakness of the bilateral legs. He rated his pain 8 out of 10. He also reported his symptoms have remained unchanged since his injury. Objective findings revealed restricted range of motion of the cervical spine, tenderness in the muscles of the neck, rhomboids, and trapezius, positive spurling maneuver for pain, negative Adson's test; lumbar spine range of motion restricted, tenderness in the low back, negative Gaenslen's, negative lumbar facet loading, and negative straight leg raise testing. The treatment and diagnostic testing to date has included: magnetic resonance imaging of the cervical spine (12-22-14), 2 cervical epidural steroid injections (dates unclear), multiple acupuncture sessions, ice, and medications. Medications have included: Flexeril, naproxen, and Norco. Current work status: temporarily totally disabled. The request for authorization is for: 12 physical therapy sessions for the cervical spine, 2 times a week for 6 weeks. The UR dated 9-23-2015: non-certified the request for 12 physical therapy sessions for the cervical spine, 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions to the cervical spine 2 times a week for 6 weeks: 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: 12 physical therapy sessions to the cervical spine 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition and the request exceeds this recommended number. The documentation indicates that the patient has had prior PT for this condition. The MTUS recommends a transitioning to an independent home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits therefore this request is not medically necessary