

Case Number:	CM15-0020492		
Date Assigned:	02/10/2015	Date of Injury:	03/01/2009
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/03/2015

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: New Jersey
 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 59 year old male with an industrial injury dated March 1, 2009. The injured worker diagnoses include chronic axial neck pain, bilateral arm pain, chronic low back pain and bilateral lower extremity pain. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, cervical epidural steroid injections, chiropractic treatment, acupuncture treatment, and periodic follow up visits. According to the progress note dated 1/8/15, the injured worker reported neck pain and low back pain radiating down both arms and both legs equally. Cervical spine examination revealed no obvious deformities, normal cervical lordosis, no pain on palpitation of the cervical paraspinal and trapezial musculature. Spurling's sign was noted to cause neck pain that radiated down both arms. There was a negative Tinel's sign at the wrist and elbows. Straight leg test was positive for low back pain. The treating physician prescribed services for physical therapy of the cervical. Utilization Review determination on January 23, 2015 denied the request for physical therapy of the cervical, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the lower back and hip is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or hip pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, although the provider documented that the worker was not using physical therapy, there is evidence that he had completed multiple sessions of physical therapy over the years after his injury, although it appeared that he hadn't had formal supervised physical therapy recently leading up to the request. However, he should have been instructed to perform home exercises for his neck to continue on a regular basis to maintain any benefit that might have come from previous sessions of physical therapy. There was no evidence that the worker was performing these exercises as it was not included in the progress note. Also, there was no evidence to suggest that he was unable to perform home exercises, which might have been justification for requesting an additional 2-3 sessions of supervised physical therapy. However, there was no number of sessions of physical therapy in the request. Considering the above reasons, the "physical therapy to the cervical" will be considered medically unnecessary.