

Case Number:	CM15-0210887		
Date Assigned:	10/29/2015	Date of Injury:	07/03/2014
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/27/2015

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: Physical Medicine & Rehabilitation

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 7-3-14. The documentation on 9-18-15 noted that the injured worker has complaints of neck pain that feels improved with medicines, worse is a 4 out of 10 and goes down to a 2 out of 10 and she has complaints of low back pain. There is tenderness at L5-S1 (sacroiliac) spinous process and paraspinals; tenderness at C3-C5, spinous process and paraspinals and tender to palpation bilateral trapezius and rhomboid areas. Lumbar spine X-rays on 8-19-14 showed no evidence of acute fracture. Thoracic spine and cervical spine X-rays on 8-19-14 were negative. The diagnoses have included cervical strain and sprain; thoracic strain and sprain and lumbar strain and sprain, possible lumbar myelopathy. Treatment to date has included pain medications; pantoprazole and physical therapy in the past. The request was for physical therapy to teach home exercise program, core strengthening and hamstring stretching. The original utilization review (9-29-15) non-certified the request for outpatient physical therapy six (6) sessions for the cervical, thoracic, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy Six (6) Sessions for the Cervical, Thoracic, 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 Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient was injured on 07/03/14 and presents with neck pain and back pain. The request is for OUTPATIENT PHYSICAL THERAPY SIX (6) SESSIONS FOR THE CERVICAL, THORACIC, AND LUMBAR SPINE to teach home exercise program, core strengthening and hamstring stretching. The RFA is dated 09/23/15 and the patient is permanent and stationary. The patient has had prior physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with cervical strain and sprain, thoracic strain and sprain, and lumbar strain and sprain (possible lumbar myelopathy). Treatment to date has included pain medications and physical therapy in the past. Review of the reports provided does not indicate if the patient had any recent surgery. The patient has had prior sessions of physical therapy; however, there is no indication of how these sessions specifically impacted the patient's pain and function, how many sessions there were in total, or when these sessions took place. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. The request IS NOT medically necessary.