

Case Number:	CM15-0214389		
Date Assigned:	11/04/2015	Date of Injury:	07/21/1980
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This 58 year old male sustained an industrial injury on 7-21-80. Documentation indicated that the injured worker was receiving treatment for chronic neck and back pain. Previous treatment included physical therapy, chiropractic therapy and medications. In a progress note dated 4-2-15, the injured worker complained of moderate to severe diffuse neck pain associated with numbness to the left upper extremity and hand and diffuse low back pain associated with pain the left lower extremity. Physical exam was remarkable for lumbar spine range of motion: extension 20 degrees, flexion 45 degrees, bilateral lateral bend 25 degrees, right rotation 30 degrees and left rotation 25 degrees, cervical spine range of motion: flexion 40 degrees, extension 60 degrees, right rotation 70 degrees, left rotation 80 degrees and bilateral lateral bend 45 degrees. The physician recommended six visits of physical therapy. In a progress note dated 7-2-15, the injured worker had continuing ongoing "frequent and severe" low back and neck pain. The physician noted that the injured worker had completed six visits of physical therapy with improvement. Physical exam was remarkable for lumbar spine range of motion: extension 25 degrees, flexion 70 degrees, left lateral bend 15 degrees, right lateral bend 25 degrees, right rotation 30 degrees and left rotation 20 degrees and cervical spine range of motion within normal limits, 5 out 5 bilateral upper and lower extremity strength and intact sensation throughout. The physician recommended an additional six sessions of physical therapy. On 9-28-15, Utilization Review non-certified a request for six additional physical therapy visits for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional physical therapy visits to the cervical 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy, Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, six additional physical therapy sessions to the cervical and lumbar 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are low back syndrome and cervicgia. Date of injury is July 21, 1980. Request for authorization is September 23, 2015. According to a July 2, 2015 progress note, the injured worker continues to complain of ongoing low back pain and neck pain. The injured worker recently completed six physical therapy sessions on June 15, 2015. The physical therapy was beneficial. The treating provider is now requesting an additional six sessions. After 35 years, the injured worker should be well versed in the exercises performed during physical therapy to engage in a home exercise program. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines is clinically indicated. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, six additional physical therapy sessions to the cervical and lumbar spine is not medically necessary.