

Case Number:	CM15-0219286		
Date Assigned:	11/12/2015	Date of Injury:	03/23/2015
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male, who sustained an industrial injury on 323-15. The injured worker was being treated for lumbar sprain-strain, pre-existing L5-S1 spondylolisthesis and cervical sprain-strain with complaints of headache. On 7-7-15 and 10-13-15, the injured worker complains of constant sharp, aching pain in low back with radiation to right and left leg. He rates the pain 8 out of 10 and there is associated numbness, tingling and weakness in affected leg; the pain is alleviated by back brace and being sedentary. He notes difficulty performing activities of daily living. He is temporarily totally disabled. Physical exam performed on 10-13-15 revealed tenderness to palpation to cervical and lumbar paraspinal muscles and decreased range of motion of cervical and lumbar spine. MRI of lumbar spine performed on 7-21-15 revealed multilevel degenerative changes with isthmic spinal listhesis grade 1 at L5-S1 with foraminal stenosis. Treatment to date has included back brace, oral medications including Advil, Norco, Tramadol and Tylenol and activity modifications. The treatment plan included request for 12 sessions of physical therapy. On 7-27-15 it is noted the injured worker declined physical therapy. On 10-21-15 request for 12 sessions of physical therapy was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy (PT), cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, neck section, physical therapy.

Decision rationale: The MTUS were reviewed, but they do not address a frequency and duration for this clinical circumstance. The Official Disability Duration Guidelines, Treatment in Workers Compensation, 2008 web-based edition, Neck section, Procedures, Physical Therapy cite: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks. Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. Displacement of cervical intervertebral disc (ICD9 722.0): Medical treatment: 10 visits over 8 weeks. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general." A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. Some therapy may be reasonable to close out care and complete transition to the independent exercise program, but not the amount requested in this review. This request for this quantity of more skilled, monitored therapy is not medically necessary.