

Case Number:	CM15-0220048		
Date Assigned:	11/13/2015	Date of Injury:	12/01/2011
Decision Date:	12/22/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/09/2015

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: North Carolina, Georgia 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 54-year-old male who sustained an industrial injury 12-01-2011. The worker was treated for: cervical disc disorder, cervical disc displacement, lumbar intervertebral disc disorders with radiculopathy, cervical disc disorder with radiculopathy and derangement of unspecified meniscus due to old tear right, and derangement of unspecified lateral meniscus due to old tear left. As part of his impairment evaluation of 05-29-2012, physical therapy to the cervical spine 2 times a week for 4 weeks was recommended and authorization request and physical therapy for the lumbar spine was also requested 2 days a week for four weeks. In the examination notes of 08-03-2015, the worker is noted to have had therapy, massages, manual therapy, and "they did some needles", all without relief. In that exam, the complained of constant neck pain when he turns a lot. He has difficulty sleeping. Rating his pain on a scale of 0-10, he rated this neck pain as a 6. He takes Tylenol, Motrin, and medication for his stomach. He has constant headaches that he rates as a 6. He has occasional low back pain that is made worse with bending and standing. Low back pain also gets worse when sitting or standing. His upper shoulders have pain at night with numbness in the bilateral trapezius area. This numbness is present when he turns his head from side to side. He has no numbness or tingling down into his arms or hands. He has bilateral leg pain when sitting longer than 20 minutes. He has numbness in his posterior thigh when he sits. The pain runs all the way to the feet. On exam, the worker ambulates with a cane, and has a slow symmetric gait with no limp. He has no cervical spine mal alignments. There is no tenderness in the paraspinous, trapezius, levator scapula, or rhomboid muscles. Flexion is 47 degrees, extension is 44 degrees, and lateral bending right is 26

degrees, lateral bending left is 24 degrees. The thoracic spine has no abnormalities in alignment and no significant scoliosis. He has no tenderness in the paraspinous muscles or latissimus doral muscles. Flexion is 48 degrees; rotation is 30 degrees right and left 30 degrees. The lumbar spine shows mild tenderness in the paraspinous muscle region L4-S1, no spasm in the lumbar, thoracic, or cervical muscles. Lumbar flexion is 35 degrees, bending left is 17 degrees. In the provider notes of 10-14-2015, the worker was seen for lower back pain level of 7 on a scale of 0-10, and for complaint of pain in the cervical spine, both knees, and left shoulder. He had past surgery in 1995 (no details are given). His treatment plan is for physical therapy three times a week for 4 weeks, and the medications tramadol and Anaprox. A request for authorization was submitted for: 1. Physical therapy for the lumbar spine 3 times a week for 4 weeks, quantity: 12 sessions 2. Physical therapy for the cervical spine 3 times a week for 4 weeks, quantity: 12 sessions. A utilization review decision 10-26-2015 denied both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 3 times a week for 4 weeks, quantity: 12 sessions:
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 CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the request for 12 sessions of physical therapy exceeds the guideline recommendations of 9-10 visit. 12 sessions of physical therapy for lumbar spine are not medically necessary.

Physical therapy for the cervical spine 3 times a week for 4 weeks, quantity: 12 sessions:
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 CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the request for 12 sessions of physical therapy exceeds the guideline recommendations of 9-10 visits. 12 sessions of physical therapy for cervical spine are not medically necessary.