MAXIMUS Federal Services

Case Number:	CM15-0220171		
Date Assigned:	11/13/2015	Date of Injury:	11/05/2014
Decision Date:	12/31/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/10/2015

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 York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 was a 48-year-old male, who sustained an industrial injury on November 4, 2014. The injured worker was undergoing treatment for degenerative disc disease, lumbar spondylolisthesis, and lumbar spinal stenosis, degenerative disc disease of the lumbar spine, cervical stenosis and abnormal kyphosis of the spine. According to progress note of November 3, 2015, the injured worker's chief complaint was cervical spine follow-up and left hand. The discomfort was described as episodic, achy, dull, 2-5 out of 10 in intensity, Improved mildly. The pain was aggravated by certain activities. The symptoms were relieved with Norco and Tramadol. The symptoms included stiffness. The physical exam noted a slight reversal of the lordotic cure. The injured worker did have some low back pain and soreness. With exception to the cervical and lumbar spine, examination of the rest of the head and neck, spine and all four extremities revealed inspection and percussion within normal limits without tenderness, obvious masses or swelling. The injured worker previously received the following treatments Norco, Tramadol, Ultram, thoracic spine MRI, Flexeril, Ibuprofen, Naprosyn, C5-6, C6-7 ACDF spine surgery, physical therapy and the injured worker was swimming on his own which was helping with the symptoms, according to the progress not of November 3, 2015. The UR (utilization review board) denied certification on November 4, 2015; for physical therapy evaluation, greater than 15 minutes, exercises, minimal treatment tech 1 or more regions each 15 minutes application modality1 or greater that areas iontophores, applicable modality 1 greater than areas ultrasound electrical stimulation 1 or greater than not wound care part treatment plan, application modal one or more areas, infrared electrodes per pair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy (PT) Eight (8) Visits to Evaluate and Treat Low Back and Neck Pain: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. The patient has had 24 PT sessions in the past. The documentation submitted for review does not demonstrate medical necessity for further formal physical therapy. The request for 8 physical therapy sessions to the neck and low back is not medically necessary and appropriate.