

Case Number:	CM15-0035064		
Date Assigned:	03/03/2015	Date of Injury:	01/13/2006
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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, Hawaii
 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 62 year old male who sustained an industrial injury on 01/13/06. He reports low back and neck pain as well as lower extremity hip and knee pain with significant weakness and loss of muscle tone and mass. Diagnoses include intractable lumbar and cervical pain, lumbar and cervical radiculopathy, cervical myelopathy, status post cervical spine surgery, and bilateral hip and knee tendinosis. Treatments to date include surgery and medications. In a progress note the treating provider recommends continued Norco and Neurontin, and a course of physical therapy. On 02/10/15 Utilization review non-certified the physical therapy with no citation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 5 cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck & Upper Back Chapter; ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with low back and neck pain as well as lower extremity hip and knee pain with significant weakness and loss of muscle tone and mass. The current request is for physical therapy (PT) 2 x 5 cervical spine. The treating physician states on 12/23/14 (B49), "I will submit a request for a course of physical therapy for the cervical spine and lumbar spine area, but he should come up with a plan to do some of these activities at home even though it may be very difficult for him initially since he is significantly deconditioned." On 2/24/15 (B46) the physician clarifies "This (PT) was meant to help the patient to avoid deconditioning and also help him with his pain over both the cervical and lumbar spine area." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The patient was approved for PT 2x4 for cervical and lumbar spine on 8/15/14. A physician's report dated 9/22/14 (C4) documented that the patient had not been able to pursue the recently authorized course of PT for neck and low back for unknown reasons. The clinical reports provided indicate a course of physical therapy for a different flare-up and is within the number of visits allowed by the MTUS. The current request is medically necessary and the recommendation is for authorization.

Physical Therapy 2 x 5 Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back Chapter; ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with low back and neck pain as well as lower extremity hip and knee pain with significant weakness and loss of muscle tone and mass. The current request is for physical therapy 2 x 5 lumbar spine. The treating physician states on 12/23/14 (B49), "I will submit a request for a course of physical therapy for the cervical spine and lumbar spine area, but he should come up with a plan to do some of these activities at home even though it may be very difficult for him initially since he is significantly deconditioned." On 2/24/15 (B46) the physician clarifies "This (PT) was meant to help the patient to avoid deconditioning and also help him with his pain over both the cervical and lumbar spine area." MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The patient was approved for PT 2x4 for cervical and lumbar spine on 8/15/14. A physician's report dated 9/22/14 (C4) documented that the patient had not been able to pursue the recently authorized course of PT for neck and low back for unknown reasons. The clinical reports provided indicate a course of physical therapy for a

different flare-up and is within the number of visits allowed by the MTUS. The current request is medically necessary and the recommendation is for authorization.