

Case Number:	CM15-0043997		
Date Assigned:	03/13/2015	Date of Injury:	10/25/1986
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 10/25/1986. He reported numbing pain and soreness in his head and neck after being hit in the head with a wrench. The diagnoses have included lumbar radiculitis and cervical spondylosis without myelopathy. Treatment to date has included surgical intervention, cervical rhizotomy and pain medication. The injured worker underwent left L3-L4 laminectomy, partial removal of facet joint and removal of ligamentum hypertrophy and facet cyst, right L4-L5 laminectomy, partial facetectomy and removal of facet cyst and hypertrophied ligament on 1/7/2015. According to the progress report dated 2/17/2015, the injured worker complained of moderate back pain. There was more cervical pain with pain radiating into the left hand, thumb and next two fingers. The treatment plan was for a physical therapy referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visit of Physical Therapy for the Cervical Spine, 2 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127 Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.

12 visits of Initial Post-operative Physical Therapy for the Lumbar Spine, 2 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10-12 and 25-26.

Decision rationale: Regarding the request for physical therapy, CA MTUS recommends 16 visits of physical therapy following surgery for lumbar discectomy/laminectomy, noting that an initial course of therapy consisting of half that amount may be prescribed and, with documentation of functional improvement, a subsequent course of therapy shall be prescribed. Within the documentation available for review, it is noted that the request is for initial therapy after surgery and 8 initial sessions are supported; however, the request exceeds that recommendation and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.