

Case Number:	CM15-0046384		
Date Assigned:	03/18/2015	Date of Injury:	09/24/1998
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/11/2015

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

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 60 year old female, who sustained a work related injury on 9/24/98. The diagnoses have included cervical disc injury with facet arthralgia and lumbar facet injury with disc injury. Treatments to date have included medications, Lidoderm patches, foam roller use, TENS unit therapy, previous physical therapy with benefit and a home exercise program. In the PR-2 dated 1/20/15, the injured worker complains of left cervical pain that improved with physical therapy. She has improved range of motion in the left neck and left shoulder. She complains of persistent lower back pain. She has slight to moderate tenderness to palpation over cervical spine region. Range of motion is complete in all directions with neck with slight pain. She has moderate tenderness to palpation with paraspinal spasm in lumbar area. She has had good results from previous physical therapy in neck and lower back. The treatment plan is to request authorization for further physical therapy 1-2/week x 1 month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1-2 Times A Week for 3 Months Prefer [REDACTED] Pt, Pt-Eval If New Pt Heat, Oht Art, Stabilization Pt Ed 1-2 X/Wk 3/mo: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99.

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

Decision rationale: The patient presents on 01/20/15 with unrated left sided neck pain and right lower back pain. The patient's date of injury is 09/24/98. Patient has no documented surgical history directed at these complaints. The request is for PHYSICAL THERAPY 1-2 TIMES A WEEK FOR 3 MONTHS. PREFERE [REDACTED] PT, PT EVAL IF NEW PT. HEAT, OHT ART, STABILIZATION, PT ED 1-2X/WK 3/MO. The RFA is dated 01/20/15. Physical examination dated 01/20/15 reveals tenderness to palpation of the cervical spine at C5 through C7 levels, and tenderness to palpation of the lumbar paraspinal muscles from L4 to S1 with spasms noted. The patient is currently prescribed Celebrex and Lidoderm patches. Diagnostic imaging included cervical MRI dated 06/02/14, significant findings include: "C4-5 and C5-6 degenerative disc disease. Unvertebral spurring at C5-6 causes moderate right and mild left foraminal stenosis." Patient's current work status is not clearly specified. MTUS Chronic Pain Management Guidelines, pages 98, 99 under Physical Medicine has the following:

"Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regard to the request for physical therapy to be performed 1-2 times a week for 3 months, the treater has exceeded guideline recommendations. This patient has undergone some physical therapy directed at these complaints to date, with improvements, though the exact number of sessions is not clear. In this case, the treater is requesting 24 sessions of physical therapy over 3 months, guidelines only support 10 for complaints of this nature. There is no discussion provided as to why this patient is unable to transition to a home-based physical therapy, either. Therefore, the request IS NOT medically necessary.