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| Case Number: | CM15-0057505 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 06/10/2013 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 02/26/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 is a 21-year-old male, who sustained an industrial injury on 06/10/2013. He reported pain in his back. Treatment to date has included MRI, x-rays, medications and physical therapy. According to a handwritten partially legible progress report dated 02/11/2015, the injured worker complained of spine pain that radiated up into the shoulder and mid back. Diagnoses included cervical/thoracic/lumbar spine myofascial syndrome with sciatica left greater than right and bilateral radicular cervical right greater than left. X-rays of the spine, pelvis and hip showed no acute changes. Treatment plan included Skelaxin, MRI, physical therapy and Lidocaine patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical, thoracic, and lumbar spine 3 times a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 65-194, 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Low Back - Lumbar & Thoracic (Acute & Chronic) Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records indicate this patient has had physical therapy in the past and do not detail failure of a home exercise program. Guidelines recommend 9 or 10 visits over 8 weeks for acute exacerbation. The recommended number of sessions is in excess of guideline recommendations. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for Physical therapy for the cervical, thoracic, and lumbar spine 3 times a week for 6 weeks is not medically necessary.