

Case Number:	CM15-0059050		
Date Assigned:	04/03/2015	Date of Injury:	04/26/2011
Decision Date:	05/04/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 64-year-old female sustained an industrial injury on 4/26/11. She subsequently reported back pain. Diagnostic testing has included MRIs. Diagnoses include status post laminotomy/microdiscectomy and radiculopathy/ radiculitis. Treatments to date have included a spinal cord stimulator, chiropractic care, a back brace, injections, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain with radiation to the lower extremities. The treating physician made a request for Physical therapy 2 x 6 for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the cervical spine is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are status post left L4 - L5 laminotomy with microdiscectomy with excellent results and relief of leg pain; radiculopathy and radiculitis improved since surgery; neck pain; C5 - C6 disc protrusion with stenosis (per MRI). The year of injury is 2011. The injured worker was treated with a spinal cord stimulator and surgery and did well post surgery. In September 2012, the injured worker sustained a re-injury and developed neck pain. The utilization review physician initiated a peer-to-peer conference call with the treating provider. The treating provider requested physical therapy 12 sessions to the cervical spine, outside the recommended guidelines for six visits. The guidelines recommend: "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 negative direction (prior to continuing with physical therapy)". The worker has not received physical therapy to the neck and six visits are clinically appropriate. Consequently, absent compelling clinical documentation in excess of the recommended guidelines (12 visits), physical therapy two times per week time six weeks to the cervical spine is not medically necessary.