

Case Number:	CM15-0059539		
Date Assigned:	04/06/2015	Date of Injury:	11/23/2009
Decision Date:	05/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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:

The injured worker is a 62 year old male, who sustained an industrial injury on 11/23/2009. He has reported injury to the head, neck, and back. The diagnoses have included degeneration of cervical intervertebral disc; cervical spondylosis; low back pain; lumbar radiculopathy; and lumbar post-laminectomy syndrome. Treatment to date has included medications, diagnostic studies, chiropractic, physical therapy, home exercise program, and surgical intervention. Medications have included Gabapentin, Percocet, and Soma. A progress note from the treating physician, dated 02/25/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increasing lumbar back pain, left greater than right, radiating to his left leg and foot; bilateral lower extremity numbness and tingling; and is taking his medications, wearing his brace, and doing home exercise program for relief. Objective findings have included slight tenderness to palpation at the midline lumbar spine; and decreased sensation in the entire left calf and left foot. The treatment plan has included the request for physical therapy cervical, 9 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy cervical, 9 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Pages 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Physical medicine treatment. ODG Preface, Physical Therapy Guidelines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) present physical therapy PT guidelines, Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Medical records document that past treatments have included PT physical therapy. The certification notice dated 2/20/15 documented certification of chirotherapy four visits. Request for authorization (RFA) was dated 2/25/15 requested physical therapy three visits a week for three weeks for a diagnosis of cervical spondylosis. The physical therapy prescription dated 2/25/15 prescribed physical therapy three sessions a week for three weeks for a diagnosis of cervical spondylosis. The treating physician's progress report dated 2/25/15 documented that the patient was performing a home exercise program. No subjective complaints of the cervical spine were documented. No physical examination of the cervical spine was documented. Because no cervical spine physical examination was documented, the request for PT physical therapy for the diagnosis of cervical spondylosis is not supported. Therefore, the request for physical therapy for the diagnosis of cervical spondylosis is not medically necessary.