

Case Number:	CM15-0088735		
Date Assigned:	05/13/2015	Date of Injury:	04/24/1996
Decision Date:	06/19/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 65 year old male, who sustained an industrial injury to the neck and back on 04/24/1996 when he slipped and fell backwards landing on concrete. Treatment to date has included conservative care, medications, x-rays, MRIs, and electrodiagnostic testing. Currently, the injured worker complains of increased pain as the result of not receiving his medications with a current pain level of 9/10 without medications decreasing to 6/10 with medications. The injured worker also reports difficulty sleeping and constipation. Objective findings include positive straight leg raises, Patrick's, facet loading, and Spurling's tests. Sensation was decreased to light touch diffusely in the right upper and right lower extremities, and diffuse weakness was noted in the bilateral upper and lower extremities. There was tenderness to palpation over the paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal musculature, sacroiliac joint region, greater trochanteric bursa and knees. Shoulder testing was positive for Hawkin's and cross body testing. The diagnoses include cervicalgia, cervical radiculopathy, lumbago, lumbar radiculopathy, lumbar facet dysfunction, anxiety, depression, myalgias, and headaches. The request for authorization included 12 sessions of physical therapy for the lumbar and cervical spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the lumbar and cervical, 2 visits per week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: California MTUS guidelines 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 quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that the patient's initial injury took place in 1996. There is no documentation of initial trial used for physical therapy and the results. As such, the request for 12 physical therapy visits for the lumbar and cervical spine, 2 visits per week for 6 weeks is not medically necessary.