

Case Number:	CM15-0089680		
Date Assigned:	05/14/2015	Date of Injury:	04/06/2011
Decision Date:	06/23/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/11/2015

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, Hawaii

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:

This is a 67-year-old male with an April 6, 2011 date of injury. A progress note dated April 9, 2015 documents subjective findings (headaches rated at a level of 5-6/10; neck pain rated at a level of 7/10 (increased from the last visit); mid-upper back pain rated at a level of 6-7/10 (increased from the last visit); lower back pain rated at a level of 8-9/10 (increased from the last visit)), objective findings (grade 3 tenderness to palpation over the cervical paraspinal muscles (same since last visit), and 3-4 palpable spasm (increased since last visit); restricted range of motion of the cervical spine; positive cervical compression test; cervical spine trigger points noted; grade 3 tenderness to palpation over the thoracic paraspinal muscles (same since last visit), and 3-4 palpable spasm (increased since last visit); restricted range of motion of the thoracic spine; thoracic spine trigger points noted; grade 3 tenderness to palpation over the lumbar paraspinal muscles (same since last visit), and 3 palpable spasm (same since last visit); restricted range of motion of the lumbar spine; lumbar spine trigger points noted; straight leg raise test positive bilaterally), and current diagnoses (head pain; cervical spine musculoligamentous sprain/strain with radiculitis; rule out cervical spine discogenic disease; thoracic spine musculoligamentous sprain/strain; lumbar spine musculoligamentous sprain/strain with radiculopathy; rule out lumbar spine discogenic disease; groin pain; sleep disturbances secondary to pain). Treatments to date have included physical therapy, medications, imaging studies, and shock wave therapy. The medical record identifies that physical therapy helps decrease the pain and tenderness, and function and activities of daily living are improved. The

treating physician documented a plan of care that included additional physical therapy for the cervical spine, thoracic spine, and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Cervical Spine 2 x 6: Upheld

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

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

Decision rationale: The patient presents with neck, mid/upper back and lower back pain. The current request is for physical therapy (PT) for the cervical spine 2 x 6. The treating physician states on 4/9/15 (3B) that the patient indicates that PT has helped decrease his pain and tenderness and that his function and activities of daily living have been improved. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The patient was approved for 8 session of PT on 3/8/15 (80C) and had received PT prior to this approval but the number of session was not documented. The clinical reports provided did not specifically address how many session of PT had been completed but rather only noted that the sessions had been helpful. Without a clear picture of objective functional improvements, documentation as to why a home exercise program has not been established and an accurate number of sessions completed to date, a determination as to why additional physical therapy beyond the MTUS Guidelines recommendation cannot be made. The current request is not medically necessary and the recommendation is for denial.

Physical Therapy for Thoracic Spine 2 x 6: Upheld

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

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

Decision rationale: The patient presents with neck, mid/upper back and lower back pain. The current request is for physical therapy (PT) for the thoracic spine 2 x 6. The treating physician states on 4/9/15 (3B) that the patient indicates that PT has helped decrease his pain and tenderness and that his function and activities of daily living have been improved. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS

Guidelines recommend 8-10 sessions of physical therapy. The patient was approved for 8 session of PT on 3/8/15 (80C) and had received PT prior to this approval but the number of session was not documented. The clinical reports provided did not specifically address how many session of PT had been completed only that they had been helpful. Without a clear picture of objective functional improvements, documentation as to why a home exercise program has not been established and the number of session completed to date, a determination as to why additional physical therapy beyond the MTUS guideline recommendation cannot be made. The current request is not medically necessary and the recommendation is for denial.

Physical Therapy for Lumbar Spine 2 x 6: Upheld

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

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

Decision rationale: The patient presents with neck, mid/upper back and lower back pain. The current request is for physical therapy (PT) for the lumbar spine 2 x 6. The treating physician states on 4/9/15 (3B) that the patient indicates that PT has helped decrease his pain and tenderness and that his function and activities of daily living have been improved. MTUS guidelines indicate that Physical Therapy is recommended: Physical Medicine guidelines state "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." For myalgia and neuritis type conditions, MTUS Guidelines recommend 8-10 sessions of physical therapy. The patient was approved for 8 session of PT on 3/8/15 (80C) and had received PT prior to this approval but the number of session was not documented. The clinical reports provided did not specifically address how many session of PT had been completed only that they had been helpful. Without a clear picture of objective functional improvements, documentation as to why a home exercise program has not been established and the number of session completed to date, a determination as to why additional physical therapy beyond the MTUS guideline recommendation cannot be made. The current request is not medically necessary and the recommendation is for denial.