

Case Number:	CM14-0214417		
Date Assigned:	01/07/2015	Date of Injury:	10/20/2012
Decision Date:	02/19/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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: Family Practice

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 patient is a 33 year-old man who was injured at work on 10/20/2012. The injury was primarily to his neck and back. He is requesting review of denial for referral to the [REDACTED]. Medical records corroborate ongoing care for his injuries. There is a progress note dated 12/2/2014 that is labeled as Progress Report/Request for Authorization. The note indicates that the patient is presenting in follow-up for his neck and back pain. He continues to have persistent symptoms. He was using a cervical traction device with good relief. His current medications relevant to the injury include: Celebrex, Prilosec and Salonpas. Physical examination noted intact strength in his upper and lower extremities. The diagnoses for this visit include: Status Post Work-Related Injury with Resultant Neck and Low Back Pain; Cumulative Trauma Injury; Chronic Neck Pain; Chronic Low Back Pain; and C5-6 and C6-7 Disc Bulge. The request for the [REDACTED] was not documented in this visit. In the Utilization Review process, CA/MTUS guidelines were cited in the assessment of this request. It was noted that "[REDACTED] is a unique OP rehab program that combines spine-strengthening technology with clinical approach to manual therapy. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The patient has had 11 sessions of physical therapy. There is no clear documentation of the musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program." Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████: 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 CA/MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. These guidelines state the following: Physical Medicine Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines also comment on the number of recommended sessions. Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the medical records indicate that the patient has already had 11 sessions of physical therapy, which exceeds the above stated MTUS recommendations. It would be expected that the patient has been instructed in a self-directed home exercise program. There is insufficient rationale for the use of this specific program, known as "██████████." There is insufficient rationale on the need to exceed the number of sessions recommended by the MTUS guidelines. For these reasons, referral to the ██████████ is not considered medically necessary.