

Case Number:	CM14-0216818		
Date Assigned:	01/06/2015	Date of Injury:	08/06/2009
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/26/2014

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: North Carolina
 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 injured worker is a 66 year old female who sustained a work related injury August 6, 2009. Past history included an MVA age 17 with a fractured left hip, diabetes, hypertension, and depression. According to a primary care physician's initial report dated September 12, 2014, while performing her usual work duties, the injured worker tripped over a step stool and unable to break her fall felt pain in her neck lower back, and left arm/shoulder. She received x-rays and was treated with pain medications and a wrist brace and returned to work. In August and December of 2011, the injured worker conveyed she had MRI's performed revealing two herniated discs. She had been treated with physical therapy, acupuncture, chiropractic treatments and by pain management. This presentation reveals chronic neck pain 7/10 with radiation to shoulders arms hands and fingers. She reports numbness and tingling in the hands and fingers as well as weakness of the upper extremities. There is frequent pain in the left shoulder 7/10 with swelling, numbness, tingling, and burning sensations. There is pain in the right shoulder 7/10 that is present with movement. Constant lower back pain is present 7/10 with radiation into the legs and knees. There is occasional pain in the left ribs 5/10. Physical examination reveals tenderness in the cervical and thoracic paraspinal region bilaterally and in the midline cervical and thoracic region. Shoulder elevation/abduction test is negative and Adson's test is negative. Head compression test produces discomfort and Spurling's test is not painful on the right/left. Spasm is not present with range of motion of the cervical spine. Trapezial tenderness is present without spasm. Gait is normal and heel and toe not normal bilaterally secondary to pain. There is tenderness in the lumbar paraspinal region bilaterally and tenderness in the midline lumbar spine

without muscle spasm right and left. Straight leg raise does not produce leg pain in the supine at 50 degrees and sitting position at 80 degrees bilaterally but does produce back pain. Treating physician cites QME evaluation that injured worker had reached maximum medical improvement May 6, 2013. Diagnoses are documented as L4-5 spondylolisthesis with lumbar spine degenerative scoliosis, foraminal narrowing and radiculopathy; cervical spine multilevel discogenic pain with foraminal narrowing and radiculopathy and stress and depression. Treatment plan includes referral for pain management, psychiatric evaluation, and refill Norco and Soma. Work status remains permanent and stationary; she has not worked since December 2011. A request for authorization date November 4, 2014 requests referral for pain management, evaluation by psychiatrist/psychologist, Soma, and physical therapy two times a week for six weeks. There is no x-ray, MRI reports, or past treatment notes, present in the medical record. According to utilization review performed November 26, 2014, the request for Physical Therapy, Neck, 12 sessions, is non-certified. The injured worker is more than five years past the date of injury. It would be reasonable to expect she has received some conservative therapy at this point. The medical records do not establish if the injured worker has undergone prior physical therapy, or any resulting objective functional improvement. Citing MTUS ACOEM Guidelines, there should be a detailed and thorough medical history with relevant complaints, diagnostic/imaging results, and treatments instituted thus far, prior to any definitive assessments on the requested services. Therefore, the treatment request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (neck 12-session): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 65, Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines on physical medicine states: "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. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing

swelling, decreasing pain, and improving range of motion in CRPS [complex regional pain syndrome]. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)"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 Physical Medicine.Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2)8-10 visits over 4 weeksReflex sympathetic dystrophy (CRPS) (ICD9 337.2):24 visits over 16 weeks"Physical therapy/occupational therapy is a recommended treatment option for chronic ongoing pain per the California MTUS. The patient had already completed previous physical therapy. The goal of physical therapy is a transition to home exercise program after a set amount of sessions. The request is in excess of the amount of sessions recommended per the California MTUS. Therefore, the request is not medically necessary and appropriate.