

Case Number:	CM15-0010307		
Date Assigned:	01/27/2015	Date of Injury:	10/06/2003
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/19/2015

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: Arizona, 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 injured worker is a 56 year old male patient, who sustained an industrial injury on 10/06/2003. He is diagnosed with disc protrusion, cervical spine; carpal tunnel syndrome, right hand, status post caral tunnel release; carpal tunnel syndrome left hand and disc bulge lumbar spine with left side sciatica. In April 2014 he was noted to be performing home exercises. A primary treating office visit dated 10/21/2014 reported subjective complaints of pain in neck, lower back and bilateral hands. He is noted with continued spasms to both the neck and the back accompanied by numbness and tinging to his left hand, and 1st through 3rd fingers. He also reported radiation down his left leg. Physical examination found spasm about the lateral trapezial area. There is noted point tenderness upon palpation about the paraspinal region and he complains of pain with movement. He is deemed permanent and stationary under future medical care and is working full duty work. On 01/05/2015 Utilization Review non-certified a request for 12 physical therapay sessions treating the cervical lumbar spine, noting the CA MTUS, Chronic Pain, physical therapy were cited. the injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical therapy sessions for cervical/lumbar spine: 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): 299,Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks;According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant was previously performing home exercises in April 2014. In addition, the amount of prior therapy completed is unknown. Consequently, 12 therapy sessions are in excess of the guideline recommendatrions and are not medically necessary.