

Case Number:	CM15-0012007		
Date Assigned:	01/29/2015	Date of Injury:	07/11/2012
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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

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:

The injured worker(IW) is a 57 year old male who sustained an industrial injury on 07/11/2012 when the vehicle he was driving was rear-ended by another vehicle while stopped at a railroad crossing. The IW has reported neck and back pain. He also reports sustaining psychological trauma as a result of both the acute specific and cumulative trauma injuries. Diagnoses include sprain and strain of the cervical spine, strain of trapezius muscle, sprain and strain of lumbar spine, cervical radiculopathy, lumbar radiculopathy. According to the utilization review documentation, treatments to date include medications, epidural steroid injections, a radiofrequency left lumbar neurotomy at L3,L4, L4-5, and d L5-S1 with 75% relief and on same procedure on 03/24/2014 with 67-75% relief. MRI of the lumbar spine on 09/28/2012 showed a disc desiccation and disc space narrowing at L4-L5. There was a marked bilateral L4-L5 facet hypertrophy and a mild bilateral L4-L5 lateral recess stenosis. At T11-T-12, there was a small broad-based disc bulge with mild flattening of the thecal sac. At L3-L4 there was a small broad-based disc bulge with mild flattening of the thecal sac. There also was a facet hypertrophy. The UR notes say the IW has had physical therapy and chiropractic treatments. In a note by a qualified medical examiner on May 15, 2014, the physician reported that the IW was being treated with hydrocodone, Celebrex and Neurontin, and reiterates the documented epidural steroid injections. Neither the request for authorization of 01/12/2015, nor the primary treating physician's notes regarding the requested treatment are found in the medical record. On 01/12/2015 Utilization Review non-certified a request for Physical Therapy 2-3 times a week for 6 weeks-lumbar spine, noting the documents they reviewed from 12/29/2014 stated the treatment

plan was that the IW refrain from working, continue a home exercise program, and take the prescribed medications. The MTUS Chronic Pain, Physical Medicine Guidelines, and the Official Disability guidelines Low Back-Physical therapy was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times a week for 6 weeks-lumbar spine: Upheld

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

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

Decision rationale: Based on the 01/26/15 progress report provided by treating physician, the patient presents with low back pain rated 5/10. The request is for PHYSICAL THERAPY 2-3 TIMES A WEEK FOR 6 WEEKS LUMBAR SPINE. Patient's diagnosis on 01/26/15 included lumbar spondylosis without myelopathy. Physical examination on 01/26/15 revealed L3-5 paraspinal muscles spasms, tenderness, bilateral lumbar facet tenderness, and decreased range of motion. Per QME report dated 05/15/14, the patient had chiropractic treatment immediately following injury, and physical therapy in 2013. Patient is to remain off work, per treater report dated 01/26/15. Progress report with the request has not been provided. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks." Treater has not provided reason for the request. Given patient's diagnosis, a short course of physical therapy would be indicated as it has been a while since treatment. However, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 12-18 sessions exceeds what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.