

Case Number:	CM15-0016030		
Date Assigned:	02/04/2015	Date of Injury:	07/02/2014
Decision Date:	03/27/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/28/2015

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 is a 57-year-old female, who sustained an industrial injury on July 2, 2014. The diagnoses have included cervical radiculopathy and lumbosacral radiculopathy. Treatment to date has included oral narcotics. Currently, the injured worker complains of cervical and lumbar spine pain with radiation to upper and lower extremities bilaterally. In a progress note dated December 16, 2014, the treating provider reports she has an antalgic gait using a one point cane for balance, positive tenderness of the paravertebral muscles of the cervical spine and lumbar spine with decreased range of motion in flexion and extension and decreased sensation at C6, L4, L5 and S1 dermatomal distributions bilaterally. On December 29, 2014 Utilization Review non-certified a physical therapy two times six cervical spine and lumbar spine, noting, Medical Treatment Utilization Schedule Guidelines 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 times a week for 6 weeks Cervical Spine: Upheld

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

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

Decision rationale: Based on the 12/16/14 progress report provided by treating physician, the patient presents with cervical and lumbar spine pain rated 7/10 with radiation to upper and lower extremities bilaterally. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS CERVICAL SPINE. Patient's diagnosis on 12/16/14 included cervical and lumbosacral radiculopathy. Patient is taking Norco. Per treater report dated 09/15/14, the patient is working with restrictions. MTUS 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." Per progress report dated 12/16/14, treater states the patient is a "candidate for both cervical and lumbar epidural injections. Prior to any aggressive activities, we are recommending physical therapy..." Given patient's diagnosis, a short course of physical therapy would be indicated. However, treater has not provided treatment history, and the request for 12 sessions exceeds what is allowed by MTUS for the patient's condition. Therefore, the request IS NOT medically necessary.