

Case Number:	CM15-0017552		
Date Assigned:	02/05/2015	Date of Injury:	07/18/2013
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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: TR, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old male, who sustained an industrial injury on July 18, 2013. He has reported neck pain radiating into the right arm and hand, headaches, dizziness and low back pain radiating into the left lower extremity. The diagnoses have included post concussive syndrome, right shoulder impingement, neck pain, cervical stenosis, cervical radiculopathy and lumbar spinal stenosis. The IW has a surgical history to include prior spinal fusion. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, physical therapy, pain medications, work modifications and conservative therapies. Currently, the IW complains of neck pain radiating into the right arm and hand, headaches, dizziness and low back pain radiating into the left lower extremity. The injured worker reported an industrial injury in 2013 resulting in the above described pain. It was noted a heavy toolbox fell and struck him on the top of the head. He underwent conservative therapies to include physical therapy as well as surgical intervention, however the pain continued. He complained of neck and right shoulder pain however reported an improvement with physical therapy and pain medications. He continued to experience back pain, neck pain and headaches. On September 24, 2014, evaluation revealed continued pain. Further surgical intervention was discussed and further radiographic imaging was requested. On December 4, 2014 physical therapy for the cervical and lumbar spine was ordered. On January 21, 2015, Utilization Review non-certified a request for physical therapy three times a week for four weeks lumbar and cervical spine, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 28, 2015, the injured worker submitted an

application for IMR for review of requested physical therapy three times a week for four weeks lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks lumbar and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in musculoskeletal pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement prior to the completion of 12 visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 12 visits to physical therapy without a definitive plan to assess for added clinical benefit prior to completion of the entire course of therapy is not considered medically necessary.