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| Case Number: | CM15-0115038 | | |
| Date Assigned: | 07/17/2015 | Date of Injury: | 01/23/2014 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 06/15/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52-year-old female who sustained an industrial injury on 1/23/2014 resulting in neck and low back pain. She was diagnosed with cervical and thoracic sprain or strain; pain in the thoracic spine, neck, and low back; and, numbness. Treatment has included cervical discectomy and fusion at C5-6; physical and aquatic therapy, which she has stated to have caused some improvement in pain levels and range of motion; and, medication. The injured worker continues to report radiating pain, stiffness, and difficulties with range of motion for upper back, headaches, and lower back pain and stiffness. The treating physician's plan of care includes 12 additional therapy sessions for the cervical and thoracic spine and the low back. She is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2x6 (cervical and thoracic spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary Online Version last updated 5/15/2015.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for pain throughout the spine. She underwent a cervical spine fusion in December 2014. From 02/17/15 through 06/02/15, she completed 21 physical therapy treatment sessions. When seen, she was five months status post surgery. She was having posterior cervical pain radiating to the trapezius, scapular, and shoulder. There was a normal examination including a normal neurological examination. There was no cervical spine tenderness. Post surgical treatment after the claimant's surgery includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to establish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

Continued physical therapy 2x6 (low back): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for pain throughout the spine. She underwent a cervical spine fusion in December 2014. From 02/17/15 through 06/02/15, she completed 21 physical therapy treatment sessions. When seen, she was five months status post surgery. She was having posterior cervical pain radiating to the trapezius, scapular, and shoulder. There was a normal examination including a normal neurological examination. There was no cervical spine tenderness. In terms of the claimant's low back pain, there is no new injury and the claimant is being treated under the chronic pain treatment guidelines. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of what might be needed to establish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

