

Case Number:	CM15-0115433		
Date Assigned:	06/23/2015	Date of Injury:	06/02/2014
Decision Date:	07/22/2015	UR Denial Date:	05/18/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old male, who sustained an industrial/work injury on 6/2/14. He reported initial complaints of neck and back pain. The injured worker was diagnosed as having cervical degenerative disc disease and lumbar herniated nucleus pulposus. Treatment to date has included medication, chiropractic care, physical therapy, and diagnostic testing. MRI results were reported on 11/12/14 of the cervical spine and lumbar spine. X-Rays results were reported on 9/30/14 of the spine and cervical region. Currently, the injured worker complains of neck and low back pain that is described as stabbing and numbing. Pain level remains the same since last visit. Per the primary physician's progress report (PR-2) on 4/30/15, examination revealed lateral bending and right and flexion and extension of the lumbar spine are about 25% decreased with pain to palpation at L3-5 levels paraspinal muscle levels. Pain is primarily at L4-5, L5-S1 levels. The requested treatments include Physical Therapy, additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times wkly for 6 wks, 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks (12 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar disc protrusion; and cervical spondylosis. According to an April 10, 2015 agreed upon medical examination (AME), the injured worker received physical therapy August 6, 2014. According to September 29, 2014 progress note, the injured worker completed physical therapy to the neck, low back and left knee. The total number of physical therapy sessions is not documented in the medical record. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement with prior physical therapy. According to the most recent progress note dated April 30, 2015, the injured worker has continued subjective complaints of low back pain. Injured worker is receiving chiropractic treatment twice per week. Objectively, there is decreased range of motion. There are no other clinical objective findings documented. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation demonstrating objective functional improvement from prior physical therapy, total number of physical therapy sessions previously requested and authorized and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week times six weeks (12 sessions) is not medically necessary.