

Case Number:	CM15-0116140		
Date Assigned:	07/02/2015	Date of Injury:	06/28/2005
Decision Date:	08/06/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/16/2015

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 61-year-old female who reported an industrial injury on 6/28/2005. Her diagnoses, and/or impressions, are noted to include multi-level cervical disc desiccation and bulging; thoracic strain; cervical radiculitis; lumbar radiculitis; multi-level lumbar disc desiccation with bulging and mild lumbosacral stenosis; obesity; and insomnia. No current x-rays, imaging or electro diagnostic studies were noted. Her treatments have included medication management with toxicology screenings; and modified work duties. The progress notes of 4/16/2015 reported complaints of moderate radiating neck pain to the arms; moderate radiating low back pain to the bilateral legs, with numbness/tingling; painful range-of-motion with the right shoulder; and increased depression with increased eating and weight gain. Objective findings were noted to include tenderness to the cervical para-vertebral muscles and decreased cervical spine range-of-motion; positive bilateral straight leg raise; and positive paresthesia. The physician's requests for treatments were noted to include continued physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 session of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

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

Decision rationale: The patient presents on 04/16/15 with neck pain rated 5/10, which radiates into the bilateral upper extremities, lower back pain rated 5/10, which radiates into the bilateral lower extremities with associated numbness and tingling. The patient's date of injury is 06/28/05. Patient has no documented surgical history directed at these complaints. The request is for 6 SESSION OF PHYSICAL THERAPY. The RFA is dated 05/12/15. Physical examination dated 04/16/15 reveals decreased cervical range of motion in all planes, tenderness to palpation of the cervical paravertebral regions, positive straight leg raise test bilaterally (left greater than right). The provider also notes parasthesia in an unspecified region. The patient is currently prescribed Ibuprofen and Percocet. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In regard to the request for an additional 6 sessions of physical therapy directed at this patient's neck pain, the provider has exceeded guideline criteria. The documentation provided includes a poorly scanned and largely illegible PT progress note from a date unspecified, which states: "Total visits including this report: 12." While MTUS guidelines support up to 10 visits for complaints of this nature, the request for 6 sessions of PT in addition to the 12 already authorized/completed exceeds these recommendations. There is no rationale provided as to why this patient is unable to transition to self-directed physical therapy at home, either. Therefore, this request IS NOT medically necessary.