

Case Number:	CM15-0127093		
Date Assigned:	07/13/2015	Date of Injury:	08/17/2009
Decision Date:	08/07/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 40 year old male who sustained an industrial injury on 8/17/09. The mechanism of injury was unclear. He currently complains of neck pain that radiates down the right arm; low back pain; right leg pain. On physical exam there was tenderness of intrascapular and neck regions; cervical range of motion was limited due to pain. Medications were Medrol (Pak) Diagnoses include degeneration of cervical intervertebral disc; lumbar degenerative disc disease; lumbosacral disc degeneration osteoarthritis. Treatments to date include acupuncture (injured worker terminated sessions after first one per 3/9/15 note; chiropractic treatments; massage therapy, anti-inflammatories; physical therapy 10 visits and he's not sure if it was helping. Diagnostics include MRI (1/4/15) reveals bulging disks in the lumbar and cervical regions. In the progress note, dated 6/8/15 the treating provider's plan of care included a request for 7-8 more visits of physical therapy for cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension physical therapy Lumbar - 8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate this patient has attended 10 sessions of physical therapy. The treating physician has not provided documentation of objective findings or subjective report of functional improvement with this therapy. Additionally, guidelines allow for 9-10 visits over eight weeks, this request would be in excess of guideline recommendations. As such, the request for Extension physical therapy Lumbar - 8 visits is not medically necessary.

Extension physical therapy cervical-8 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with: Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks; Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented

objective, functional improvement, and appropriate goals for the additional treatment. Medical records indicate this patient has attended 10 sessions of physical therapy. The treating physician has not provided documentation of objective findings or subjective report of functional improvement with this therapy. Additionally, guidelines allow for 9-10 visits over eight weeks, this request would be in excess of guideline recommendations. As such, the request for Extension physical therapy cervical-8 visits is not medically necessary.