

Case Number:	CM15-0127244		
Date Assigned:	07/13/2015	Date of Injury:	02/15/2012
Decision Date:	08/14/2015	UR Denial Date:	06/29/2015
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: 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 sustained an industrial injury on 2/15/2012, resulting from a slip and fall. The injured worker was diagnosed as having lumbosacral spondylosis, lumbar disc displacement without myelopathy, cervical disc displacement, and shoulder joint pain. Treatment to date has included diagnostics, cortisone injections, acupuncture, physical therapy (12 visits recently completed in 12/2014-1/2015 with additional 6 visits to 5/19/2015), and medications. Currently, the injured worker complains of chronic neck, back, and left shoulder pain. She reported that physical therapy was most helpful in regards to her neck and back pain. She was unable to perform many activities of daily living due to left shoulder pain. She was authorized for 6 sessions of cognitive behavioral therapy but had not yet started. She also reported that medications helped with pain and function. Current medications included Nabumetone, Pantoprazole, Orphenadrine ER, Buprenorphine, Topiramate, and Atenolol. She remained off work. No significant changes were noted in her subjective complaints/objective findings for several months. The treatment plan included additional physical therapy for the neck and back, 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week times six weeks for neck and back: Upheld

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

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

Decision rationale: Based on the 06/22/15 progress report provided by treating physician, the patient presents with chronic neck, back and left shoulder pain. The request is for physical therapy two times a week times six weeks for neck and back. Patient's diagnosis per Request for Authorization form dated 06/16/15 includes sprain strain thoracic region, sprain strain lumbar region, lumbar disc displacement without myelopathy, cervical disc displacement, pain in joint shoulder, pain psychogenic NEC, therapeutic drug monitor, and long term use meds NEC. Physical examination to the lumbar spine, per 06/22/15 report revealed tenderness to palpation at lumbosacral junction and decreased range of motion in all planes. Positive straight leg raise test on the left. Treatment to date has included electrodiagnostic and imaging studies, cortisone injections, acupuncture, physical therapy, functional restoration program and medications. Patient's medications include Buprenorphine, Venlafaxine, and Norflex. The patient is off-work, per 06/01/15 report. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per 06/22/15 report, treater states the patient feels "physical therapy has been the most helpful with regards to her neck and her back pain. She feels that traction has helped with reducing pain." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, per physical therapy note dated 05/19/15, the patient attended 6 visits. There is no explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for additional 12 sessions would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.