

Case Number:	CM15-0128682		
Date Assigned:	07/16/2015	Date of Injury:	11/19/2012
Decision Date:	08/11/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	07/02/2015

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 46 year old female who sustained an industrial injury on 11-19-12. Diagnoses are cervical injury including C6-C7, herniated nucleus pulposus of 4 mm at C4-C5 and a 3 mm at C5-C6 disc herniation, cervical radiculopathy on the left clinically, lumbar degenerative disc disease at L4-L5 with facet hypertrophy, anxiety and depression, insomnia, and gastroesophageal reflux disease. In a comprehensive orthopedic evaluation dated 5-7-15, the physician notes the injured worker presents with moderate to severe neck pain and severe low back pain which radiates into the left leg with numbness of her toes all the time. She reports she has been crying a lot and would like to see a psychologist. She also complains of stomach problems and gastroesophageal reflux symptoms as well as shortness of breath. She has been going to physical therapy 2 times a week. Medications are Celebrex 200mg 2 times a day and Prilosec 20mg 3 times a day. Objective exam notes a 25% decrease in neck range of motion, it is stiff with movement and she has pain. Straight leg raise is positive on the right. Motor and sensory examinations appear to be decreased on the left L4 though S1. The treatment plan is to continue a maintenance program of 2 times a week physical therapy, continue medications, obtain a urine toxicology test, and a referral to the psychologist and internist. She is permanent and stationary and has work limitations and requirements. The requested treatment is twelve physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Table 8-8; Table 12-8.

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 November 2012 and continues to be treated for neck and radiating back pain. Treatments have included more than 40 physical therapy sessions. When seen, she was having moderate to severe neck and severe low back pain. There was decreased and painful cervical spine range of motion. There was decreased left lower extremity sensation. A "maintenance program" of physical therapy two times per week was requested. The claimant is being treated for chronic pain with no new injury and has already had excessive 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 well in excess of that recommended or what might be needed to finalize a home exercise program. Skilled therapy in excess of that necessary would promote further dependence on therapy provided treatments. The request is not medically necessary.