

Case Number:	CM15-0129200		
Date Assigned:	07/15/2015	Date of Injury:	09/02/2003
Decision Date:	08/25/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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: Emergency 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 54-year-old female, who sustained an industrial injury on 9/2/2003. The mechanism of injury is unknown. The injured worker was diagnosed as having right cervical radiculopathy, status post cervical fusion, chronic neck pain, headache, depression, insomnia and bilateral shoulder chronic pain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/27/2015, the injured worker complains of pain in the neck, bilateral upper extremities, low back and bilateral shoulder. Physical examination showed cervical paraspinal muscle spasm and stiffness, bilateral acromioclavicular tenderness and lumbar paraspinal spasm and tenderness. The treating physician is requesting 12 sessions of physical therapy for the cervical spine and lumbar spine x ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: The request is for physical therapy. Physical therapy, or active therapy, is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. The injured worker is instructed and is expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. The injured worker has previously been treated with physical therapy. The documentation provided does not clearly indicate a new exacerbation of chronic pain, nor is there any clear indication that previous physical therapy was beneficial to warrant repeat treatment. The medical benefit is not clear. The request is not supported by the MTUS guidelines, and is therefore not medically necessary.

X-ray for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Radiography (x-rays).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303; Table 12-8.

Decision rationale: The request is for X-ray for lumbar spine. The MTUS guidelines support the use of radiographs of the lumbar spine when red flags for fracture, infection, or cancer are present. Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. The documentation available for review does not clearly indicate how radiographs may aid in management, nor does it identify any red flags. The MTUS guidelines do not support the request as written, and it is therefore not medically necessary.