

Case Number:	CM15-0149272		
Date Assigned:	09/22/2015	Date of Injury:	06/04/2015
Decision Date:	11/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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 (IW) is a 43 year old male who sustained an industrial injury on 06-04-2015. The injured worker was diagnosed as having low back and cervical sprain-strain with left-sided lumbar neuritis radiculitis. In the Primary treating physician's initial Orthopedic Evaluation - Request for Authorization notes of 06-30-2015 the injured worker complains of intermittent neck pain that is sharp and achy in character and is associated with weakness and numbness. The pain radiates to shoulders arms and hands and is rated as an 8 on a scale of 0-10 at rest and 8+ on a scale of 0-10 with activity. He also complains of intermittent low back pain is rated as an 8 on a scale of 0-10 at rest and 9 on a scale of 0-10 with activity. The pain is worst in the mornings and with active range of motion. The back pain is also sharp and achy in character and is associated with weakness and numbness. The back pain radiates to his left hip, leg and foot. Activities of daily living are somewhat affected by this pain. The pain is works with active range of motion. Objectively, his cervical spine exam was unremarkable with mild tenderness noted over the paracervical and trapezius regions bilaterally. Neurologic exam was normal. Cervical range of motion was restricted. On examination of the thoracic and lumbar spine, the stance was erect, and gait was normal. Movement and muscle tone was normal. Mild tenderness was noted over the parathoracic and paralumbar regions, and there was moderate tenderness over the left sciatic notch. Straight leg raise test was negative. There was no pain on extreme range of motion. Sensory exam revealed decreased sensation at the L4-L5 and S1 dermatomes on the left. The plan of care included radiologic testing, a consult with a psychologist, and physical therapy and chiropractic treatment three times a week for four weeks. A request for authorization was submitted for Physical therapy for the cervical and lumbar spine 3 times a week for 4 weeks, quantity: 12 sessions. A utilization review decision 07-21-2015 modified the request to approve 2 sessions of physical therapy to the cervical and lumbar spine. The worker is not currently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical and lumbar spine 3 times a week for 4 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with low back pain radiating to the left hip and left lower extremity, and neck pain radiating to the bilateral shoulders and bilateral upper extremities. The request is for Physical therapy for the cervical and lumbar spine 3 times a week for 4 weeks, quantity: 12 sessions. Physical examination to the cervical spine on 06/30/15 revealed tenderness to palpation over the paracervical and trapezius regions bilaterally. Examination to the lumbar spine revealed tenderness to palpation over the paraspinals and over the left sciatic notch. Per 06/30/15 Request for Authorization form, patient's medications include cervical sprain/strain, lumbar neuritis/radiculitis, and lumbar sprain/strain. Patient is temporarily partially disabled. MTUS Chronic Pain Management Guidelines 2009, pages 98 and 99, Physical Medicine section, has the following: "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." In progress report dated 06/30/15, the treater is requesting authorization for physical therapy 3 times a week for 4 weeks. The utilization review letter dated 07/21/15 has modified the request to 2 sessions. Review of the medical records provided did not indicate prior physical therapy. Given the patient's continued pain, a short course of therapy is reasonable and supported by the guidelines. However, the guidelines support up to 10 sessions of physical therapy and the request for 12 sessions exceeds guideline recommendations. Therefore, the request is not medically necessary.