

Case Number:	CM15-0025645		
Date Assigned:	02/18/2015	Date of Injury:	06/18/2010
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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 56 year old female, who sustained an industrial injury reported on 6/18/2010. She has reported 1 week status-post cervical epidural injection with perceived improvement, but with general all-over aches due to cold/flu symptoms, and stated flare-up pain in her back for which she requested physical therapy. The diagnoses were noted to have included chronic pain; cervical spondylotic stenosis at cervical 4-5 and cervical 6-7; right upper extremity cervical radiculopathy; and lumbar degenerative disc disease with stenosis. Treatments to date have included consultations; diagnostic imaging studies; 32 physical therapy treatments (successful); cervical epidural injection (1/2015); and medication management. The work status classification for this injured worker (IW) was noted to be back at work. On 2/4/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/29/2011, for additional physical therapy, 2 x a week x 6 weeks for the cervical and lumbar spine, for core strengthening and stability. The Medical Treatment Utilization Schedule, chronic pain medical treatment, physical medicine guidelines, passive therapy, fading of treatments, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 6 Weeks to The Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 is nearly 6 years status post work-related injury and continues to be treated for chronic neck and low back pain. Prior treatments have included extensive physical therapy with reported benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.

Physical Therapy 2 Times A Week for 6 Weeks to The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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 is nearly 6 years status post work-related injury and continues to be treated for chronic neck and low back pain. Prior treatments have included extensive physical therapy with reported benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.