

Case Number:	CM15-0040250		
Date Assigned:	03/10/2015	Date of Injury:	01/18/2011
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 36 year old female, who sustained an industrial injury on 1/18/2011. Currently she reported for follow-up evaluation, on 1/21/2015, and no specific pain was identified. The injured worker was diagnosed with, and/or impressions were noted to include, lumbar spine discogenic disease; mild lumbar facet arthrosis with left sided chronic neuritis; cervical sprain/strain, small protrusion, and spondylosis, without myelopathy, and cervicogenic headaches. Treatments to date have included consultations, diagnostic magnetic resonance imaging study - cervical spine (2012), lumbar spine (8/1/12); completed 9/12 physical therapy sessions; acupuncture and massage therapies; bilateral cervical transforaminal epidural steroid injection (7/12/14); and medication management. The current progress notes, dated 1/21/2015, note that she is approximately 60% better as it relates to her pain, status-post completing 9/12 physical therapy sessions. Previous, and most recent, initial evaluation notes of 12/19/2014, and progress notes of 11/19/2014, show a chief complaint for ache and stiffness in her neck, with no radiation, and ongoing pain in her neck that does not radiate. This injured worker was noted to be retired on a non-industrial medical basis.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Physical therapy (PT), Cervical strengthening exercises, Exercise.

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

Decision rationale: Per the 01/21/15 report the patient presents with improved pain and functional range of motion of the cervical spine with some limitations with lateral bending more right than left. The current request is for physical therapy 2 times a week for 6 weeks. The RFA included is dated 01/30/15. The patient is retired. MTUS 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. There is no evidence that the patient is within a post-surgical treatment period. The treating physician states that the patient has received 60% pain relief after completing 9 of 12 authorized sessions of PT. Twelve additional sessions are requested, "based on the chronicity of her neck symptoms as well as the abnormalities noted on her imaging studies as well as her limited range of motion." No imaging studies are included. PT treatment notes provided for review are handwritten and very difficult to interpret. They show 12 visits completed from 12/19/14 to 01/30/15. The MTUS guidelines call for fading of treatment and transition to a Home Exercise Program, and there is no discussion of Home Exercise. Furthermore, the requested 12 sessions exceed what is allowed by the MTUS guidelines even when not combined with the previously completed 12 sessions. The request IS NOT medically necessary.