

Case Number:	CM15-0073581		
Date Assigned:	04/23/2015	Date of Injury:	10/18/2013
Decision Date:	05/21/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/17/2015

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 51-year-old male, who sustained an industrial injury on 10/18/2013. He reported his lower back locked up and he was unable to move his legs while performing usual work duties. The injured worker was diagnosed as having cervical and lumbosacral spondylosis. Treatment to date has included diagnostics, cervical epidural injections, physical therapy (notes not submitted), home exercises, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker complains of neck pain, rated 8-9/10, left shoulder and arm pain, rated 7/10, right shoulder and arm pain, rated 3/10, numbness and tingling in his hands, and low back/buttocks/hips/legs pain, rated 8-9/10. He reported anxiety, depression, hopelessness, and difficulty sleeping. He reported difficulty with activities of daily living. Radiographic imaging results were referenced. The treatment plan included medications, physical therapy for the neck and low back x 12, and magnetic resonance imaging scans of his cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of physical therapy for the cervical and lumbar spine: Upheld

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

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 October 2013 and continues to be treated for low back and radiating neck pain. He is being considered for possible cervical spine surgery. When seen, the requesting provider documents prior physical therapy as having been provided for 2-3 visits per week over a 10 month period of time. Physical examination findings included poor posture and antalgic gait. There was decreased spinal range of motion with paraspinal tenderness. Being requested is 12 sessions of physical therapy. 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 claimant has already had extensive physical therapy and the number of additional visits requested is in excess of that recommended. Additionally, 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 request IS NOT medically necessary.