

Case Number:	CM15-0074789		
Date Assigned:	04/24/2015	Date of Injury:	04/09/2012
Decision Date:	05/22/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a 56-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 9, 2012. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve requests for 12 sessions of physical therapy for the cervical and lumbar spines. A progress note of March 2, 2015 and an RFA form of March 10, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 2, 2015, the applicant apparently transferred care to a new primary treating provider reporting ongoing complaints of neck and back pain. The applicant was using Norco for pain relief. Highly variable 7-8/10 neck pain complaints were noted. Sitting and standing remained problematic, it was acknowledged. The applicant had undergone earlier failed cervical spine surgery. The applicant maintained that he would be unable to function without Norco. Twelve sessions of physical therapy were endorsed. The applicant was able to walk normally. The applicant's gait was normal. Some upper extremity grip strength was noted. The applicant was given a rather proscriptive limitation of "sedentary work" only. The attending provider suggested that the applicant was deconditioned and needed physical therapy to ameliorate the same. It was not clearly stated how much prior physical therapy the applicant had had.

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 spine, three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: No, the request for 12 sessions of physical therapy for the cervical spine is not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, the applicant's response to earlier therapy over the preceding three years of the claim was not clearly detailed or characterized. The March 2, 2015 progress note on which the applicant's new primary treating provider (PTP) sought 12 sessions of physical therapy made no mention of how much prior treatment the applicant had had through this point in time. The applicant was not working, the treating provider reported, suggesting that the applicant had not profited or benefitted from earlier physical therapy in terms of the functional improvement parameters established in MTUS 9792.20e. Clear treatment goals and/or clear operating diagnoses were not articulated. It was not clearly stated how further physical therapy could advance the applicant's activity level at this stage in the course of the claim. Therefore, the request is not medically necessary.

Physical Therapy for the lumbar spine, three times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: Similarly, the request for 12 sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of therapy proposed, in and of itself represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation, as noted previously, is further qualified by commentary made on

page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and on commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for therapy which "clearly states treatment goals." Here, however, clear treatment goals were not articulated. It was not clearly stated how further therapy could advance the applicant's activity level. The applicant's response to earlier treatment in unspecified amounts, through earlier providers, by all accounts, appears to have been poor. The applicant failed to return to work, it was acknowledged on March 2, 2015. The applicant remained dependent on opioid agents such as Norco. The applicant was having difficulty performing activities of daily living as basic as ambulating on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.