

Case Number:	CM15-0099267		
Date Assigned:	06/01/2015	Date of Injury:	10/17/2014
Decision Date:	07/03/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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 41-year-old male, who sustained an industrial injury on October 17, 2014. He reported headaches, neck and back pain with upper extremity weakness after falling and possibly hitting the head on a washer and dryer becoming briefly unconscious. The injured worker was diagnosed as having concussion with post traumatic headaches, dizziness, concentration difficulty and visual focusing difficulty, cervical strain with radiculopathy and lumbar strain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued headaches, neck and back pain with upper extremity weakness. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 21, 2014, revealed continued pain as noted. The physician recommended cervical magnetic resonance imaging (MRI) and MRI of the brain secondary to ongoing symptoms as noted. Evaluation on December 4, 2014, revealed continued pain with associated symptoms. Physical therapy evaluation on January 22, 2015, revealed continued pain. He reported a stressful last couple of days. Additional physical therapy for the cervical and lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy three times a week for four weeks for the cervical spine and lumbar spine Qty: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 4/29/15 progress report provided by the treating physician, this patient presents with neck pain, low back pain, memory loss, and loss of smell. The treater has asked for additional physical therapy 3 times a week for 4 weeks for the cervical spine and lumbar spine on 4/29/15. The patient's diagnoses per request for authorization form dated 4/29/15 are closed head injury/memory loss, cervical s/s, and lumbar s/s. The patient is currently getting physical therapy for the L-spine per reports dated 12/18/14, 12/4/14, and 1/8/15, but the number of sessions was not specified. Review of reports show no prior surgeries for the cervical spine or lumbar spine. The patient's C-spine X-ray was within normal limits per 4/29/15 report. The patient is currently using Motrin as of 12/4/14 report. The patient is to return to modified work on 4/29/15 with restrictions for the next 45 days. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: 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." Treater does not discuss the request. Physical therapy treatment history or reports is not provided. However, it appears the patient has been in therapy for his lumbar for a month, and the utilization review letter dated 5/14/15 states the patient has completed 10 out of 12 sessions of physical therapy for the lumbar. The treater is requesting an additional 12 sessions for the lumbar and neck. The efficacy of the previous 10 sessions of physical therapy are not discussed in reports. Combined with prior 10 sessions, the request for an additional 12 sessions of physical therapy exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.