

Case Number:	CM13-0000745		
Date Assigned:	12/04/2013	Date of Injury:	01/14/2013
Decision Date:	07/29/2014	UR Denial Date:	06/11/2013
Priority:	Standard	Application Received:	06/18/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old male with a reported date of injury on 01/14/2013. The mechanism of injury was reported to be a motor vehicle accident. His diagnoses were noted to include sprain and strain of the lumbar region and cervical radiculopathy. His previous treatments were noted to include trigger point injection, medications, and physical therapy. The progress note dated 04/15/2013 reported the injured worker rated his pain 3/10 of lower back pain. The pain was described as aching and shooting and radiates to the lower back. It is also associated with back pain and numbness and tingling of affected limbs. The physical examination revealed bilateral tenderness upon palpation to the left side greater than the right to the paravertebral muscles. There was tenderness to palpation of the sacroiliac joint noted with pain left greater than right. The physical examination of the lumbar spine noted negative straight leg raise, sensory intact to the bilateral lower extremities, and reactive range of motion to the lumbar spine was flexion to 39 degrees, extension to 11 degrees, left lateral bend to 12 degrees, and right lateral bend to 17 degrees. The injured worker's motor strength was noted to be 5/5. The physical examination of the cervical spine was noted to have no tenderness to palpation, biceps reflex, triceps reflex, and brachioradialis reflex was 2/4 on both sides. The request for authorization form was not submitted within the medical records. The request is for physical therapy 2 times a week for 4 weeks for the cervical and lumbar spine; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES FOUR FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The request for PT two times four for the cervical and lumbar spine is not medically necessary. The injured worker has had a previous 12 sessions of PT. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete specific exercise or task. This form of therapy requires supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend for myalgia and myositis, 9 to 10 visits over 8 weeks. There is a lack of documentation regarding quantifiable objective functional improvement from previous physical therapy visits as well as exceptional factors to warrant additional PT. Therefore, the request is not medically necessary.