

Case Number:	CM13-0015278		
Date Assigned:	10/07/2013	Date of Injury:	12/23/2003
Decision Date:	01/08/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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:

This patient is a 62-year-old female who reported an injury on 12/23/2003. Notes indicate the patient to have a 10 year history of cervical spine and lumbar spine conditions with the patient having undergone an unknown number of sessions of physical therapy with benefit. Notes indicate that the patient has undergone a prior MRI which showed multilevel disc protrusions and degeneration. Clinical notes submitted for review indicate the patient to have tenderness to palpation and spasms of both the lumbar spine and cervical spine. Also, the patient is noted in the most recent physical exam of 09/17/2013 to have positive straight leg raise bilaterally as well as limited range of motion in the cervical and lumbar spine and positive Spurling's sign as well as spasms to the rhomboid and trapezius.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the cervical and lumbar 2x4: Upheld

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

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

Decision rationale: MTUS Chronic Pain Guidelines state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling to improve the rate of healing soft tissue injuries. Active therapy is 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. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. However, while the total number of sessions of physical therapy for the cervical and lumbar spine is not indicated in the medical notes, the most recent physical therapy discharge summary provided for review dated 07/30/2013 indicates that the patient has most recently completed 18 sessions of treatment since evaluation on 04/29/2013. Also, clinical notes submitted for review indicate that the patient has been undergoing treatment with physical therapy for treatment of the cervical and lumbar spine since at least 06/26/2012. Nonetheless, while clinical notes submitted for review indicate that the patient has some benefit from therapy, there is a lack of documentation indicating that treatment has had any long-term beneficial effect for the patient. Furthermore, the documentation submitted for review indicates in the most recent clinical notes that the patient has continued muscle spasms in the cervical and lumbar spine as well as positive straight leg raise bilaterally and positive Spurling's sign, however, there remains a lack of documentation of quantified ranges of motion, manual muscle testing, or orthopedic evaluation testing to support the recommendation for further therapy. Given the above, the request for PT to the cervical and lumbar 2 times 4 is not medically necessary and appropriate.