

Case Number:	CM13-0019761		
Date Assigned:	06/04/2014	Date of Injury:	03/20/1987
Decision Date:	08/06/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 65-year-old female who was injured on March 20, 1987. The patient continued to experience pain in her neck and back. Physical examination was notable for decreased range of motion in the cervical and lumbar spine, bilateral cervical paravertebral muscle spasm, right lumbar spine paravertebral muscle spasm, decreased sensation in the right hand, left lateral calf, left anterior thigh, and left lateral thigh and decreased motor strength on left knee flexor and left ankle flexor. Diagnoses included lumbar radiculopathy and low back pain. Treatment included physical therapy, surgery, and medications. Request for authorization for physical therapy for the cervical spine twice weekly for six weeks (12 visits) was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 12 PT, 2X6 WEEKS FOR CERVICAL SPINE DOS:7/22/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)- <http://www.aceompraguides.org/lowback>.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, Transcutaneous Electrical Nerve Stimulation (TENS) units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. (ODG) Official Disability Guidelines states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case the request for 12 visits surpasses the six visits recommended as a trial to determine that the patient's functional improvement is using in positive direction. The request is not medically necessary and appropriate.