

Case Number:	CM13-0028666		
Date Assigned:	11/27/2013	Date of Injury:	09/15/1999
Decision Date:	01/29/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/23/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 71-year-old female who reported an injury on 09/15/1999. The mechanism of injury was repetitive use of computer. The patient felt pain in her neck. Review of the medical record revealed the patient diagnoses included lumbago, cervicgia, and cervical spine and lumbar spine herniated nucleus pulposus. On 02/11/2013 the patient was evaluated due to complaints of neck and lumbar pain. Upon physical assessment, positive compression test was revealed, with tenderness and spasms also noted. It is documented that the patient received physical therapy twice a week for 6 weeks totaling 12 visits of physical therapy in 2012. Clinical note dated 05/06/2013 mentioned physical therapy twice a week for 8 weeks being requested, but there is no clinical documentation as to whether or not the patient did in fact receive the requested 16 sessions of physical therapy. The patient continued to complain of back pain, spasms, and leg jerking. Ultracet 37.5/325mg 1 every 6 hours as needed for pain was ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic; Neck & Upper Back.

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

Decision rationale: California MTUS states physical medicine is recommended based on the philosophy that therapeutic exercise and/or activity can be beneficial for restoring flexibility, strength, endurance, function, and range of motion and for alleviating discomfort. The patient has already participated in at least 12 physical therapy sessions, possibly more. The clinical documentation is not specific in reference to the exact number of sessions already received. The recommended number of visits/sessions per California MTUS is 9-10 visits. The requested number of sessions exceeds that recommendation. There is no objective clinical documentation of any functional levels for the patient and/or specific pain levels with or without pain medication. As such, the request for physical therapy two (2) times a week for six (6) weeks for cervical and lumbar is non-certified.