

Case Number:	CM13-0032255		
Date Assigned:	12/11/2013	Date of Injury:	01/17/2011
Decision Date:	05/06/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/07/2013

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 Preventive Medicine, 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:

According to the records made available for review, this is a 33-year-old female with a 1/17/11 date of injury. At the time (8/23/13) of request for authorization for 24 sessions of physical therapy for cervical and lumbar spine, there is documentation of subjective (neck and back pain with severe numbness in the left arm and leg) and objective (restricted range of motion in the cervical and lumbar spine and tenderness in the lower lumbar area bilaterally) findings, current diagnoses (cervical and lumbar spine sprain), and treatment to date (activity modification, physical therapy, and medications). The previous number of physical therapy sessions cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 SESSIONS OF PHYSICAL THERAPY FOR CERVICAL AND LUMBAR SPINE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 5/14/13) Physical Therapy (PT) Sprains and strains of neck, and Neck & Upper Back (updated 5/10/13) Physical Therapy (PT) Lumbar sprains and strains.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation Official Disability
Guidelines (ODG) Neck & Upper Back, Low Back, Physical Therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Regarding the Neck, ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical sprain not to exceed 10 visits over 8 weeks. Regarding the Low Back, ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprain not to exceed 10 visits over 8 weeks. ODG also notes 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) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical and lumbar spine sprain. In addition, there is documentation of previous physical therapy sessions completed. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for 24 sessions of physical therapy for cervical and lumbar spine is not medically necessary.