

Case Number:	CM13-0032468		
Date Assigned:	12/11/2013	Date of Injury:	05/18/2005
Decision Date:	03/28/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Medicine, and is licensed to practice in Arizona. 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:

Patient is a 55 year old male with a date of injury on 5/18/2005. Patient has been treated for ongoing complaints in the low back, and the neck. Subjective complaints are of low back pain radiating up and down the spine and down the leg with associated weakness. Also complains of numbness and weakness of the left arm. Physical exam shows an antalgic gait, and lumbar spine with decreased range of motion, with increased lumbar paraspinal muscle tone, central low back pain, with weakness and decreased sensation in the lower extremities. Left upper extremities show weakness in C6-8 myotomes. Medications include Lyrica, Valium, Celebrex, Lidoderm, and Vicodin. Prior treatments include TENS unit, and physical therapy with notation made that 6 visits were paid out of pocket by patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy additional 10 visits 2x week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: CA MTUS guidelines recommend starting with 1-2 visits to physical therapy for education, counseling and evaluation of a home exercise program. ODG guidelines recommend a maximum of 10 sessions for neck and low back complaints. For this patient, there is mention of previous physical therapy in a total of 6 visits, which did indicate functional improvement. The request for 10 additional sessions would place the total at 16. Since this would exceed guideline recommendations, the medical necessity of physical therapy is not established.