

Case Number:	CM13-0033053		
Date Assigned:	12/06/2013	Date of Injury:	02/03/2011
Decision Date:	01/28/2014	UR Denial Date:	09/25/2013
Priority:	Expedited	Application Received:	09/30/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 reported an injury on 02/03/2011 due to cumulative trauma while performing normal job duties. The patient underwent anterior cervical discectomy and fusion at the C5-6 level. The patient underwent an MRI of the lumbar spine that revealed disc protrusion at the L4-5 level displacing the descending right L5 nerve root. The patient's chronic pain was managed with medications and physical therapy. The patient's most recent physical evaluation reported the patient was grossly neurologically intact in the upper extremities and lower extremities. The patient's diagnoses included dynamic anterolisthesis grade I at the L3-4, right paracentral disc protrusion at L4-5, and status post ACDF at C5-6. The patient's treatment plan included continuation of medications, referral to pain management, and continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 2 x 4 for lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The requested physical therapy 2 times a week for 4 weeks for the lumbar spine and cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient continues to have significant pain complaints that would benefit from physical therapy. However, the clinical documentation submitted for review also provides evidence that the patient previously participated in physical therapy. California Medical Treatment Utilization Schedule recommends patients be transitioned to a home exercise program to maintain improvement levels received during improvised therapy. The clinical documentation submitted for review does not provide any evidence the patient has been transitioned to a home exercise program. Additionally, the duration and frequency of the prior therapy has not been established. Therefore, continuation would not be indicated. As such, the requested physical therapy 2 times a week for 4 weeks for the lumbar spine and cervical spine would not be medically necessary or appropriate.