

Case Number:	CM13-0035592		
Date Assigned:	12/13/2013	Date of Injury:	12/03/1999
Decision Date:	05/14/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 64-year-old female who was injured on December 3, 1999. The patient was injured when she fell. The patient continued to experience pain in her neck and lower back. Physical examination on March 28, 2013 was notable for decreased range of motion of the lumbar spine. Diagnoses included herniated cervical disc, lumbar radiculopathy, cervical radiculopathy, lumbar facet joint hypertrophy, and cervical facet joint syndrome. Treatment included medications, physical therapy, and chiropractic therapy. Request for authorization for 18 physical therapy sessions for cervical spine, lumbar spine, and left shoulder was submitted for consideration

IMR ISSUES, DECISIONS AND RATIONALES

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

18 PHYSICAL THERAPY SESSIONS TO CERVICAL SPINE, LUMBAR SPINE, AND LEFT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The Expert Reviewer's 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, 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 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. The recommended frequency and duration of visits for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The requested number of treatments is 18, which surpasses the number of recommended visits. In addition there is no objective evidence of functional improvement with the physical and chiropractic therapy that the patient received in March 2013. The request should not be authorized