

Case Number:	CM13-0042098		
Date Assigned:	12/27/2013	Date of Injury:	11/10/2008
Decision Date:	02/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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 Internal Medicine, has a subspecialty in Cardiology 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 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 66-year-old female who reported an injury on 11/10/2008. The mechanism of injury was stated to be prolonged sitting and driving. The patient was noted to have decreased range of motion of the cervical spine. There was noted to be a paravertebral muscle spasm and trigger points to palpation of the lumbar muscles. The patient was noted to have decreased range of motion in the lumbar spine. The patient's LasA"gue's sign, Cram sign, and sciatic notch test were positive on the right and the straight leg raise test on the right was positive both in the sitting and lying positions. The patient was noted to have sensation that was decreased in the right. The patient's diagnoses were noted to include cervical spine degenerative disc disease at C4-5, severe lumbar spinal stenosis at L2-S1, bilateral lower extremities radiculopathy right greater than left, and failure to respond to non-surgical treatment. The patient was noted to have tried physical therapy. The request was made for additional physical therapy 2 times a week for 6 weeks for the lumbar spine and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for six (6) weeks for the lumbar and cervical spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Low Back Chapters, Physical Therapy Guidelines.

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

Decision rationale: CA MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review failed to provide the objective functional improvement of the prior physical therapy and the number of sessions. Given the above, the request for physical therapy two (2) times a week for six (6) weeks for the lumbar and cervical spine is not medically necessary.