MAXIMUS Federal Services

Case Number:	CM13-0045018		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2011
Decision Date:	05/15/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	10/30/2013

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 and Rehabilitation 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:

This 47 year-old female sustained an repetitive lifting injury on 4/20/11 while employed by [redacted]. [redacted] has included physical therapy, aquatic therapy, medications, and injections over the last several years. Report of 2/13/13 from a PA-c for ortho provider noted patient with continued neck and low back pain, 5/10 scale. Exam of the cervical and lumbar spine showed paravertebral tenderness with spasm and decreased range (no planes specified; no neurologica exam documented). Diagnoses included Cervical spine herniated nucleus pulposus; Lumbar spine herniated nucleus pulposus; Stress/Anxiety. Treatment included Fioricet; Naproxen; Protoniz; Cyclobenzaprine; Dendracin cream; FCE; and psyche consult. The patient remained Permanent and Stationary. Report of 7/11/13 from the provider noted patient has had PT 2x/wk for about 6 months and aquatic therapy 2x/wk wtihout temporary relief. The patient reported neck pain with restricted range radiating into both trapezial regions and low back pain radiating into gluteal regions. Exam showed limited range in the cervical spine with no focal neurological deficit C4-T1 to motor 5/5 and sensory evaluation; no focal tenderness of the L3-S1 posterior spinous processes; discomfort with lumbar range; no focal neurological deficits of L2-S1 to motor 5/5 and sensory evaluation with 2+ symmetrical reflexes and negataive SLR at 90 degrees bilaterally. Diagnoses included right trapezial trigger point; presumptive cervical degenerative disc disease; lumbar disc protrusions L4-S1; and lumbar facet syndrome. Plan included NSAIDs, Relafen, Prilosec and Ultracet. The patient has not worked for the last 2 years and was treating through future medical.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL AND LUMBAR SPINE (8 SESSIONS): Upheld

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

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

Decision rationale: The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. In this case, physical exam showed tenderness and decreased range of motion, but with intact neurological exam in motor strength, sensation, and reflexes without remarkable provocative testing. Submitted reports show no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Documentation in this case shows there is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has failed conservative treatment without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The request for physical therapy for the cervical and lumbar spine (8 sessions) is not medically necessary and appropriate.