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| Case Number: | CM13-0046883 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 04/13/2012 |
| Decision Date: | 02/28/2014 | UR Denial Date: | 10/11/2013 |
| Priority: | Standard | Application Received: | 11/01/2013 |

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:

The patient is a 35 year-old male with a date of injury of 4/13/12. The patient is being treated for ongoing cervical pain with headaches and lumbar strain. The patient has diagnoses of cervical and lumbar strain, lumbar disc herniation, and lumbar radiculopathy. A lumbar MRI exam showed 8mm central disc protrusion at L4-L5 and central disc protrusion with annular tear at L5-S1. The patient's subjective complaints are pain in the neck and lower back. The patient complains that pain radiates into his buttock and bilateral legs, and rated pain at 5-6/10. A physical exam demonstrates a normal gait, normal range of motion with tenderness over lumbar paraspinal muscles. It also showed that sensation and motor strength was normal, and reflexes intact. Prior treatment has included physical therapy (amount of sessions unknown), medication, and a TENS unit. The request was made for physical therapy 3 sessions per week for 4 weeks. A prior utilization review modified request to certify 3 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Neck, Physical Therapy.

Decision rationale: CA MTUS guidelines recommend starting with 1-2 visits of physical therapy for education, counseling and evaluation of a home exercise program. The ODG guidelines recommend a maximum of 10 sessions for neck and low back complaints. For this patient, there is mention of previous physical therapy, without indication of duration or any functional improvement. Furthermore, the patient was certified to have 3 initial sessions for instruction and oversight of a home exercise program. The amount of visits requested exceeds the recommended guidelines. Functional improvement from the initial sessions should be substantiated before subsequent sessions. For these reasons, the medical necessity of 12 therapy sessions is not established.