

Case Number:	CM13-0048254		
Date Assigned:	12/27/2013	Date of Injury:	08/06/2012
Decision Date:	04/29/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 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:

This is a 41-year-old female with a date of injury of 8/06/12. Mechanism of injury was a sudden stop in a cable car causing injury to the neck, back and jaw. She has had extensive prior treatment, and is currently under the care of a chiropractor for post-traumatic cervical hyperflexion-extension, cervicgia and concussion. She is under the care of a pain management physician for lumbar disc displacement, who performed a lumbar ESI on 7/30/13. Physical Therapy was recommended post-procedure. It is unclear how many sessions were actually done following the ESI. Given the date of injury, I assume the patient has had extensive therapy, whether from a physical therapist or chiropractor. The patient returns in follow-up on 10/10/13 in no distress, a normal gait and sitting comfortably. Exam shows reduced ROM and tender points. Facet loading is mildly positive. Straight Leg Raising is mildly positive. The patient has been returned to full duty. This was submitted to Utilization Review on 10/23/13. The UR physician modified the request for an additional 2 sessions of PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS, LUMBAR (#12): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Guidelines recommend 8 to 12 sessions of PT for the lumbar spine diagnosis. Given the date of injury, it is likely that this patient has had at least this amount of PT in the past, if not more. Submitted medical records do not discuss the number of PT sessions completed to date, or number of sessions since the July 2013 epidural injection. Guidelines do recommend 1-2 additional PT sessions following an ESI. PT has been of "incredible" benefit. 10/23/13 follow-up report notes no significant symptoms or physical impairments. The patient is back to regular full duty. This was submitted to Utilization Review on 10/23/13, and the UR physician recommended an additional 2 sessions of PT to transition to a Home Exercise Program. This determination already exceeds guidelines, as guidelines only support 1-2 PT sessions post-injection. There is no medical necessity for additional PT in excess of the 10/23/13 modification of 2 PT sessions. The patient is doing well, and there is no need for additional skilled care past guideline recommendations versus doing a HEP at this juncture. Medical necessity for PT 2 x 6 for the lumbar spine is not established.