

Case Number:	CM13-0048353		
Date Assigned:	12/27/2013	Date of Injury:	04/15/2010
Decision Date:	03/17/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/06/2013

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 Pulmonary Disease, 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 31-year-old female who reported an injury on 04/15/2010, secondary to a fall. The patient is currently diagnosed as post cervical laminectomy syndrome, cervical pain, cervical radiculopathy, lumbar radiculopathy, postconcussion syndrome, depression, low back pain, and dizziness. The patient was seen by [REDACTED] on 10/17/2013. The patient reported ongoing pain in the head, neck, upper back, mid back and low back with radiation to bilateral upper and lower extremities. Physical examination revealed restricted cervical range of motion, paravertebral muscle spasm and tenderness, restricted lumbar range of motion, paravertebral muscle spasm and tenderness, positive facet loading maneuver bilaterally, diminished EHL muscle strength on the right, and decreased sensation over the L5 dermatome bilaterally. Treatment recommendations included a prescription for physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks to the cervical lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has completed an extensive amount of physical therapy to date. Documentation of objective measurable improvement was not provided. Despite ongoing therapy, the patient continued to report high levels of pain with muscle spasm and guarding. Additionally, the current request for physical therapy twice per week for 6 weeks exceeds guideline recommendations. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.