MAXIMUS Federal Services

Case Number:	CM13-0060481		
Date Assigned:	12/30/2013	Date of Injury:	08/16/2012
Decision Date:	05/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 Orthopedic Surgery, 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 claimant is a 35-year-old female who was injured in a work related accident on August 16, 2012. The records indicate injuries to both the low back and the neck. Clinical progress report of September 28, 2013 indicated ongoing complaints of low back and neck pain with physical examination findings showing paraspinous muscle tenderness to the lumbar spine with restricted range of motion in both flexion and extension, tenderness to palpation, increased pain with straight leg raising with negative sensory, motor or reflexive changes. Physical examination findings to the neck were not performed. The claimant was diagnosed with chronic discogenic back and right lumbar radiculitis. An October 11, 2013 follow-up indicated neck complaints for which physical examination showed full range of motion, tenderness to palpation, 4+/5 right sided abductor strength with no sensory deficit. Clinical impression was that of cervical trapezial strain. The plan for both of the claimant's above diagnoses was for continuation of physical therapy to consist of eight additional sessions to the cervical and lumbar spine.

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 THE LUMBAR SPINE: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued physical therapy for the lumbar spine would not be indicated. This individual has already undergone recent course of formal physical therapy with no current documented acute clinical finding. It would be unclear at this chronic stage in clinical course of care why transition to an aggressive home exercise program could not occur. The specific request for additional physical therapy as outlined would not be indicated.

ADDITIONAL PHYSICAL THERAPY 2 TIMES A WEEK FOR THE CERVICAL SPINE: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, additional physical therapy for the cervical spine would not be supported. While the employee continues to be with subjective complaints, there is currently no indication for an acute need for physical therapy at this chronic stage in the employee's clinical course of care. The employee is noted to be with full function on examination. It would be unclear as to why transition to an aggressive home exercise program could not occur.