

Case Number:	CM13-0061554		
Date Assigned:	12/30/2013	Date of Injury:	01/10/2003
Decision Date:	05/08/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/05/2013

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 Illinois. 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:

The injured worker is a 45 year-old female who reported an injury on 01/10/2003. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her low back and cervical spine. The injured worker's treatment history included extensive physical therapy, medication usage, radiofrequency ablation, and epidural steroid injections. The injured worker was evaluated on 09/27/2013. Physical findings included limited lumbar range of motion and limited cervical spine range of motion secondary to pain. The injured worker had tenderness to palpation of the paracervical musculature that radiated into the bilateral lower extremities. The injured worker also had continued low back pain complaints, tenderness to palpation of the paravertebral musculature, and a positive straight leg raising test bilaterally. The injured worker's diagnoses included neck pain, low back pain, and multilevel disc bulging of the cervical and lumbar spines. The injured worker's treatment plan included continuation of medications, continuation of a home exercise program, and 12 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY VISITS (CERVICAL, LUMBAR): Upheld

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

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

Decision rationale: The California Medical Treatment and Utilization Schedule recommend that patients be transitioned into a home exercise program after 8 to 10 physical therapy visits for radiculitis and myalgia and myositis. The clinical documentation submitted for review does indicate that the injured worker has had an extensive physical therapy history and has been transitioned into a home exercise program. As the injured worker has ongoing pain limitations while participating in a home exercise program, 1 to 2 visits of physical therapy would be appropriate to re-educate the injured worker in the home exercise program. However, the requested 12 physical therapy visits of the cervical and lumbar spine are considered excessive. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested twelve (12) Physical Therapy visits (cervical, lumbar) are not medically necessary or appropriate.