

Case Number:	CM13-0068347		
Date Assigned:	01/03/2014	Date of Injury:	12/09/2008
Decision Date:	04/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 Physical Medicine and Rehabilitation,, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of December 9, 2008. A utilization review determination dated November 27, 2013 recommends noncertification for physical therapy of the lumbar spine 12 sessions. An operative report dated June 4, 2013 indicates that the patient underwent anterior cervical interbody fusion at C4-C7. A progress report dated June 26, 2013 recommends that the patient stay in a cervical collar for a full 3 months after surgery and indicates that she is doing well with a general home exercise program. A progress report dated September 18, 2013 includes subjective complaints of significant pain in the lumbar spine. Physical examination identifies stiffness and spasm of the lumbar spine. Diagnoses include lumbar spine facet arthropathy with pain radiating down to the legs improved with physical therapy, received 10 sessions. Current treatment plan recommends physical therapy for the lumbar spine "until [REDACTED] has the opportunity to evaluate her for this body part." A progress report dated October 9, 2013 recommends physical therapy for the cervical spine and shoulders 2 times a 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, 2x6 weeks, 12 sessions total for LS spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.