MAXIMUS Federal Services

Case Number:	CM13-0069958		
Date Assigned:	02/21/2014	Date of Injury:	09/08/2011
Decision Date:	05/29/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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, has a subspecialty in Interventional Spine, 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:

The patient is a 65-year-old with an injury date on 9/8/11. Based on the 11/26/13 progress report provided by the provider, the diagnoses are: slip and fall injury, blunt head trauma with headaches, cervical spine strain with radicular complaints; history of cervical spine fusion of C5-C6 and C6-C7, thoracic and lumbar spine strain, and lumbar spine discopathy. The exam on 3/29/13 showed "tenderness to palpation about the paracervical musculature. Limited extension, lateral rotation and lateral flexion. Muscle spasms noted about bilateral trapezius musculature, greater on right. Positive cervical distraction test. Restricted range of motion in lumbar spine due to complaints of pain and muscle spasms." The provider is requesting physical therapy twice a week for four weeks for the cervical, lumbar, and thoracic spines. The utilization review determination being challenged is dated 12/11/13. The provider is the requesting provider, and he provided treatment reports from 1/25/13 to 11/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF PHYSICAL THERAPY TO THE CERVICAL, LUMBAR, AND THORACIC SPINES, TWICE A WEEK FOR FOUR WEEKS: Overturned

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

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

Decision rationale: According to the 11/26/13 progress report by the provider, this patient presents with "intermittent moderate neck pain with radiation to the shoulders bilaterally. The patient also reports intermittent moderate low back pain, worsened with prolonged standing and walking." The request is for physical therapy twice a week for four weeks for the cervical, lumbar, and thoracic spines. The review of the 11/26/13 report shows patient received 8 sessions of physical therapy in April 2013 for the C-spine and L-spine which improved range of motion and decreased pain. On the 5/31/13 report, patient stated ongoing neck and lower back pain, and an inability to sleep. On 11/26/13, the provider stated "the patient reports increased pain and spasms since her last therapy treatment in April 2013." The MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The patient experienced pain relief and increased range of motion from the 8 sessions of physical therapy in April 2013, and has reported increased pain and spasms since discontinuation of therapy. Due to patient's recent flare-up, the request for 8 additional physical therapy sessions appears reasonable and within MTUS guidelines and California Labor Code limits. The recommendation is for authorization.