

Case Number:	CM13-0071466		
Date Assigned:	01/08/2014	Date of Injury:	04/05/2010
Decision Date:	04/28/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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 & Rehabilitation 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 38-year-old male who reported an injury on 04/05/2010. The patient was reportedly injured secondary to repetitive heavy lifting. The patient is currently diagnosed with cervical musculoligamentous sprain, cervical spine herniation, thoracic musculoligamentous sprain, thoracic spine discogenic disease, lumbosacral musculoligamentous sprain, lumbosacral spine protrusion, and depression/anxiety. The patient was seen by [REDACTED] on 09/17/2013. It is noted that the patient has completed periodic courses of physical therapy. The patient also receives chiropractic adjustment, acupuncture, and heat therapy. The patient reported persistent neck, upper back, and low back pain with insomnia, depression, stress, and anxiety. Physical examination on that date revealed muscle guarding in bilateral cervical paraspinals, tenderness to palpation from C2 through C7, palpable muscle spasm, diminished cervical range of motion, positive cervical compression testing, positive cervical distraction testing, positive foraminal compression and shoulder depression testing, intact sensation, muscle guarding as well as tenderness to palpation in the upper thoracic and mid thoracic regions bilaterally, palpable muscle spasm and trigger points, decreased thoracic and lumbosacral range of motion, positive Kemp's testing, positive straight leg raising, 5/5 motor strength in bilateral upper and lower extremities, and intact sensation in bilateral lower extremities. Treatment recommendations at that time included a course of multimodality physical therapy 3 times per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE SPINE (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8.

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

Decision rationale: The 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. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. As per the documentation submitted, the patient has previously participated in physical therapy. However, there was no documentation of the previous course of therapy. Without evidence of objective functional improvement, ongoing treatment cannot be determined as medically appropriate. Additionally, the current request for 12 sessions of physical therapy exceeds Guideline recommendations. Therefore, the request for 12 physical therapy visits for the cervical, thoracic and lumbar spine is non-certified.