

Case Number:	CM13-0072345		
Date Assigned:	01/08/2014	Date of Injury:	01/06/2010
Decision Date:	04/28/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/30/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 27-year-old male who reported an injury on 01/06/2010 after a branch fell on him causing injury to his cervical and lumbar spine and jaw region. The patient's treatment history included physical therapy and multiple medications. The patient's most recent evaluation documented that the patient was frequently unable to adhere to the patient's home exercise program without medications. Physical findings included tenderness of the cervical and lumbar spine with limited range of motion of the lumbar spine secondary to pain. The patient's diagnoses included protrusion of the C3-4 with foraminal narrowing, lumbar spondylosis, left TMJ and anterior chest wall pain. The patient's treatment plan included a psychological consultation for reactive depression, a retrospective request for a back brace to provide stability and facilitate activity intolerance, continued medications, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 3x4 for C/S L/S: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The requested additional physical therapy 3 x 4 for the cervical spine and lumbar spine are not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits for this type of injury. The clinical documentation submitted for review does indicate that the patient previously participated in physical therapy. However, the efficacy and duration of treatment of the prior therapy was not provided for review. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any barriers that would preclude further progress of the patient while participating in a home exercise program. As such, the requested additional physical therapy 3 x 4 for the cervical spine and lumbar spine are not medically necessary or appropriate.

Retro request for lumbar supports: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back- Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The retrospective request for lumbar supports is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine do not recommend the use of lumbar supports for acute or chronic low back pain. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the retrospective request for lumbar supports is not medically necessary or appropriate.