

Case Number:	CM14-0003702		
Date Assigned:	01/31/2014	Date of Injury:	08/07/2012
Decision Date:	06/20/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, 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 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 an employee of [REDACTED] and has submitted a claim for neck and low back pain associated with an industrial injury date of August 7, 2012. Treatment to date has included medications, acupuncture, bilateral L5-S1 transforaminal epidural steroid injection, an unknown number of physical therapy sessions in 2012, and another course of eight physical therapy sessions from October 2013 to November 2013, which has helped her symptomatology. Medical records from 2012-2013 were reviewed, which showed that the patient complained of neck pain radiating to the upper extremities with numbness and tingling. She also complained of low back pain. On physical examination, there was tenderness of the cervical paravertebral muscles and upper trapezius with spasm. Axial loading compression and Spurling's tests were positive. There was painful and restricted cervical range of motion. There was also dysesthesia at the C5-7 dermatomes. Examination of the lumbar spine revealed tenderness of the paravertebral muscles with pain on terminal motion. Seated nerve root test was positive. The patient had a slow guarded gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE QTY:8.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.24.2, 98-99

Decision rationale: According to pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. In addition, guidelines allow for fading of treatment frequency from up to three visits per week to one or less, plus the addition of active self-directed home physical medicine. In this case, the request made was for a course of physical therapy, two times per week for four weeks for flare-up of her symptomatology. However, the medical records showed that the patient's low back pain is of chronic nature and there was no evidence of flare-up of her low back symptoms. Furthermore, the patient already underwent an unknown number of physical therapy sessions in 2012 and another course of physical therapy from October to November 2013; however, the medical records failed to show whether the patient has participated in a home exercise program after therapy courses. Guidelines state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no clear indication for continued physical therapy sessions in the absence of evidence of participation in a home exercise program. As such, the request is not medically necessary.