

Case Number:	CM14-0004066		
Date Assigned:	01/31/2014	Date of Injury:	01/25/1996
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and 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 77-year-old female who has submitted a claim for cervical and lumbar stenoses associated with an industrial injury date of January 25, 1996. Medical records from 2011 to 2014 were reviewed. Patient complained of constant pain, tightness, and spasm of the neck. She likewise had constant pain of both shoulders with difficulty reaching overhead, pulling, pushing, and lifting objects. Patient also reported low back pain. This resulted to difficulty doing self-care, hygiene, walking, and light household chores. Physical examination revealed restricted range of motion of the cervical spine, lumbar spine, and both shoulders. There was tenderness of the paracervical area. Motor strength was normal. Both reflexes and sensation were intact. Treatment to date has included posterior L4 to S1 lumbar laminectomy and fusion with instrumentation and graft in March 2013, cervical epidural injections, C1 to C2 fusion (undated), and medications such as Omeprazole, Diclofenac, Hydrocodone, and Tizanidine. Utilization review from December 20, 2013 denied the request for physical therapy x 12 visits for the cervical and lumbar spine because of insufficient data to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY VISTS X 12, CERVICAL, LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009, Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, patient had multiple cervical and lumbar surgeries with the most recent in March 2013. Patient already completed her postoperative therapy sessions. However, there was no documented rationale for this request. It is unclear why patient is being re-enrolled in this program. Progress report from December 14, 2013 cited that her lower back symptoms have greatly improved post-operatively. There is likewise no documented functional goal that the patient should achieve in physical therapy. Therefore, the request for Physical Therapy Vists x 12, Cervical, Lumbar is not medically necessary.