

Case Number:	CM14-0007160		
Date Assigned:	02/07/2014	Date of Injury:	01/02/2013
Decision Date:	06/23/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/20/2014

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:

According to the records made available for review, this is a 39-year-old female with a 1/2/13 date of injury. At the time (1/16/14) of request for authorization for physical therapy 2x6 cervical thoracic, lumbar spine, there is documentation of subjective (mild relief in neck, mid back, and low back pain; pain rated 8-9/10) and objective (cervical spine full range of motion, pain on ROM in all planes, mild tenderness to palpation throughout the cervical spine and thoracic spine, moderate tenderness to palpation bilateral cervical paraspinal, upper trapezius, Spurling maneuver elicits neck pain, moderate pain with lumbar flexion and extension) findings, current diagnoses (cervical strain, thoracic strain, and lumbar strain), and treatment to date (medications, TENS, physical therapy x 12 visits (with reported 80% overall improvement to the cervical spine and lower back) and activity modification. There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6 FOR CERVICAL THORACIC LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 98

Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Low Back Chapter, Physical Therapy (PT);

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical, thoracic, lumbar sprain/strain not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical strain, thoracic strain, and lumbar strain. In addition, there is documentation of previous physical therapy visits completed to date with reported 80% overall improvement. However, given documentation of 12 physical therapy visits completed to date, which exceeds guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 2x6 cervical thoracic, lumbar spine is not medically necessary.