

Case Number:	CM14-0007318		
Date Assigned:	02/10/2014	Date of Injury:	02/26/2008
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
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 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 a 57-year-old female with a 2/26/08 date of injury. She is a teacher who was sitting down in a chair and one of the students pulled a chair out from under her, and she fell back hitting her head and back on the floor and hit her face on the desk. The exact mechanism of injury has not been described. On 11/27/13 the patient had low back, neck, bilateral upper and lower extremities pain and headaches. Objective findings include positive straight-leg raising test with limited ROM of the lumbar and cervical spine. There is diminished sensation of the left foot. Diagnostic Impression: Lumbar sprain. Treatment to date includes physical therapy, medication management, chiropractic care, MRI of the cervical spine and lumbar spine, TENS unit. A UR decision dated 12/30/13 modified the request for 2 physical therapy sessions to allow for re-education on an independent exercise program and assessment of compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. In this case, the patient has a 2008 date of injury. The patient has had physical therapy in the past. It is unclear if the patient was compliant with a home exercise program, and what has changed significantly on this visit to necessitate 12 additional sessions of physical therapy. Furthermore, it is not documented there were any functional improvement from prior physical therapy sessions. Therefore, the request for additional physical therapy twice a week for six weeks is not medically necessary and appropriate.