

Case Number:	CM14-0008240		
Date Assigned:	05/02/2014	Date of Injury:	10/31/1994
Decision Date:	07/08/2014	UR Denial Date:	11/22/2013
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 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 injured worker is an 82 year old male whose date of injury is 10/31/1994. The mechanism of injury is described as a fall. Note dated 06/28/04 indicates the injured worker has completed a course of physical therapy and acupuncture. CT scan of the cervical spine dated 01/08/07 revealed foraminal stenosis secondary to uncovertebral osteophyte formation, most notably at C3-4 and on the right at C4-5. Lumbar MRI dated 01/08/07 revealed foraminal stenosis based on intraforaminal discogenic disease and facet arthropathy, most notably on the right at L3-4 and on the left at L4-5. Diagnoses are listed as cervicgia, intervertebral disc disorders, degeneration of lumbar or lumbosacral intervertebral disc, other and unspecified disc disorder of cervical spine, and lumbago. Progress note dated 12/16/13 indicates the injured worker complains of bilateral knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 INITIAL OUTPATIENT PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE 2 TIMES A WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for 12 initial outpatient physical therapy visits for the lumbar spine 2 times a week for 6 weeks is not recommended as medically necessary. The injured worker sustained injuries over 19 years ago and has undergone extensive treatment. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided.