

Case Number:	CM14-0106596		
Date Assigned:	09/24/2014	Date of Injury:	12/03/2012
Decision Date:	10/24/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/09/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 31-year-old male, who has submitted a claim for lumbar sprain / strain; bilateral lower extremities radiculopathy and cervical spine / strain associated with an industrial injury date of December 3, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of neck and low back pain. Physical examination showed tenderness at the cervical, lumbar paraspinal, bilateral sacroiliac joints and lumbosacral region. Treatment to date has included medications, 8 sessions of physical therapy at the cervical and thoracic regions and acupuncture. Utilization review from June 14, 2014 denied the request for 8 sessions of physical therapy for cervical spine and 8 sessions of physical therapy for the lumbar spine however, reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical Therapy For The Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy

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

Decision rationale: As stated on pages 98-99 of CA MTUS Chronic Pain Medical Treatment Guidelines it 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 progress notes reviewed showed that the patient completed 8 sessions of physical therapy to cervical spine without significant functional improvement. In addition, patient should be well versed in performing self-directed home exercise program. Therefore, the request for 8 sessions of Physical Therapy for the cervical spine is not medically necessary.

8 Sessions of Physical Therapy For The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy

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

Decision rationale: As stated on pages 98-99 of CA MTUS Chronic Pain Medical Treatment Guidelines it 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 progress notes reviewed showed that the patient completed 8 sessions of physical therapy to the lumbar spine without significant functional improvement. In addition, patient should be well versed in performing self-directed home exercise program. Therefore, the request for 8 sessions of Physical Therapy for the lumbar spine is not medically necessary.