

Case Number:	CM14-0013751		
Date Assigned:	02/26/2014	Date of Injury:	01/26/2011
Decision Date:	08/04/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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:

This is a 50 year old female patient with a 1/26/11 date of injury. She injured herself due to cumulative trauma to her bilateral extremities, neck and lower back. A 6/11/13 progress report indicated that the patient complained of pain in her neck, mid back and lower back. Her pain and numbness radiated to the arms and legs. She reported she had difficulties of daily living. Physical exam was the same as in 2011. An MRI dated 1/23/13 demonstrated L1-2 broad-based right paracentral disc protrusion with underlying annular fissure. There was also broad based paracentral disc protrusion on L2-3 and L5-S1 and mild right sided foraminal stenosis. She was diagnosed with lumbar sprain complicated by multilevel disc derangement (annular fissures) with associated bilateral lower extremity radiculitis. Treatment to date includes medication management. There is documentation of a previous 1/6/14 adverse determination, in which the physical therapy was modified to 10 outpatient visits between 12/24/13 -2/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ADDITIONAL PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE , 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 114, Chronic Pain Treatment Guidelines (Physical Therapy Page(s): 98-99. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: Physical Therapy Guidelines.

Decision rationale: The MTUS Chronic Pain Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. The patient presented with the pain in her neck, bilateral upper extremities and lower back. However, there was no documentation of previous physical therapy sessions. There was a note that the pain and numbness radiated to the arms and legs, which made her daily living more difficult. The ODG supports 10 visits of physical therapy over 8 weeks for lumbar sprains and strains. This patient has a 2011 date of injury, and likely has had physical therapy previously. There is no description of the number of physical therapy sessions previously completed, or any functional improvement gained. Therefore, the request is not medically necessary and appropriate.