

Case Number:	CM14-0017932		
Date Assigned:	04/16/2014	Date of Injury:	03/19/2007
Decision Date:	06/30/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/12/2014

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 Spine surgery and is licensed to practice in New York. 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:

Patient has a date of injury of March 19, 2007. She complains of chronic neck pain with radiation to her upper extremities. The neck pain is associated with tingling and numbness. She also complains of intermittent low back pain. She reports her pain as 4/10 on the pain scale. Examination of the lumbar spine shows reduced range of lumbar motion. There is normal lower motor strength in the bilateral lower extremities. There is no documented neurologic deficit in the extremities. The patient is participating in physical therapy and reports having 80% pain relief. It is unclear from the medical records how much physical therapy the patient has had. She underwent anterior lumbar fusion of L5-S1. At issue is whether physical therapy for the cervical lumbar spine is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS PHYSICAL THERAPY 2X4 CERVICAL SPINE, LUMBAR SPINE:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POST-SURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS: Neck Pain Chapter MTUS: Low Back Pain Chapter

Decision rationale: The medical records do not document the necessity for physical therapy for the cervical lumbar spine. There is not sufficient clinical information in the medical records to support the request for physical therapy for cervical lumbar spine. The medical records indicate that the patient has had previous physical therapy. The medical records indicate that the patient underwent lumbar fusion, but the operative report dated lumbar fusion is not well document. It is also unclear how many sessions of postoperative physical therapy the patient is already had. In addition, there are no documented physical therapy treatment goals in the medical record. Included medical records do not support the need for physical therapy.