

Case Number:	CM14-0152576		
Date Assigned:	09/22/2014	Date of Injury:	07/09/2013
Decision Date:	10/28/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation 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 a 28-year-old male who reported a work related injury on 07/09/2013 due to an industrial fall. The injured worker's diagnoses consist of a cervical sprain/strain, thoracic sprain/strain, and a lumbar sprain/strain. The injured worker's past treatment has included medication management, 12 sessions of physical therapy, 6 sessions of acupuncture, and 4 sessions of chiropractic care. Diagnostic studies include an MRI of the cervical spine on 09/11/2013 which revealed a 3 mm disc bulge at C5-6 and C6-7 with mild central and bilateral foraminal narrowing. At C3-4 and C4-5, a 2 mm diffuse disc bulge without any significant central or foraminal stenosis. An MRI of the thoracic spine was performed on 09/11/2013 which revealed mild 2 mm diffuse disc bulge at T7-8 without any central or foraminal stenosis. An MRI was performed of the lumbar spine on 09/23/2013 which revealed diffuse disc bulge with mild central and bilateral foraminal narrowing at L5-S1 and a 2 mm mild diffuse disc bulge without any central or foraminal stenosis at L4-5. Upon examination on 06/06/2014, cervical range of motion testing revealed no fixed restrictions and mild muscular tightness at the end ranges. Thoracolumbar range of motion testing revealed flexion, extension, and lateral bending bilaterally restricted by 25%. There was a negative Spurling's test. Manual muscle testing and sensation to touch intact at the upper and lower extremities. Muscle strength reflexes were noted to be 1/5 and symmetric throughout at the upper and lower extremities. The injured worker was noted to have good hip pain with hip movement without pain. Palpation produced generalized tenderness along the cervical, thoracic, and lumbar spine and paraspinals. The injured worker's prescribed medications include Norco, Lidocaine patches, gabapentin, and ibuprofen. The treatment plan consisted of physical therapy, Celebrex, and Norflex. The rationale for physical therapy was for progressive spinal stretching, strengthening and stabilization exercises, postural and body mechanics training, functional response, and work conditioning with an emphasis on

transitioning to an independent program for self-maintenance. A request for authorization form was submitted for review on 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2x4 to the cervical/thoracic/lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for additional Physical Therapy 2x4 to the cervical/thoracic/lumbar spine is not medically necessary. The California MTUS recommends 9 to 10 visits over 8 weeks for myalgia and myositis. The documentation submitted for review stated the injured worked completed 12 sessions of physical therapy, 6 sessions of acupuncture, and 4 sessions of chiropractic care. However, documentation regarding those sessions were not provided for review. There was also no mention of functional improvements such as working well performing usual and customary duties. Additionally, within the documentation there was no evidence of exceptional factors to warrant additional visits. The physical examination revealed thoracolumbar range of motion was only limited by 25 percent, cervical spine range of motion revealed no fixed restrictions. Furthermore, The California Chronic Pain Medical Treatment Guidelines also recommends active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Moreover, the clinical documentation did not provide any current significant functional deficits or quantifiable objective functional improvements with regards to back with previous physical therapy sessions, acupuncture, and chiropractic care. There is no documentation of any significant residual functional deficits to support the request for additional therapy. Therefore, the request for additional Physical Therapy 2x4 to the cervical/thoracic/lumbar spine is not medically necessary.