

Case Number:	CM14-0155999		
Date Assigned:	09/25/2014	Date of Injury:	03/26/2012
Decision Date:	11/26/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/23/2014

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 & 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 55-year-old female who sustained an injury on March 26, 2012. She is diagnosed with (a) multilevel cervical disc herniation, (b) multilevel cervical fusion from C2 to C7, (c) left upper extremity radiculopathy, (d) left shoulder strain, (e) rule out carpal tunnel syndrome, (f) chronic lumbar spine strain, and (g) left ankle sprain. She was seen for an evaluation on October 1, 2014. She had complaints of persistent pain in the neck and back. The pain was rated 7/10. She reported that her neck pain radiated into the bilateral arms and the low back pain radiated to the bilateral legs. She has been attending 10 out of 12 sessions of aquatic therapy for her cervical spine and stated that it was helping a little bit with her neck and her left upper extremity. An examination of the cervical spine revealed decreased range of motion. Positive Spurling's test and cervical compression test were noted. Sensation and strength were decreased at 4/5 on the left C5, C6, C7, and C8. Deep tendon reflexes were 2+ bilaterally at brachioradialis and triceps. An examination of the lumbar spine revealed slightly decreased range of motion. There was decreased strength at 4/5 with flexion and abduction.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits, 2 times per week for 6 weeks, for cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioid analgesics, Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical therapy (PT) Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Physical therapy (PT)

Decision rationale: The request for 12 sessions of physical therapy to the cervical and lumbar spine is not medically necessary at this time. Guidelines recommend only 9 to 10 visits only for cases of neck pain and lumbar spine strain. The requested number of sessions exceeded the allowable number of visits set forth by the guidelines.