MAXIMUS Federal Services

Case Number:	CM14-0157221		
Date Assigned:	09/30/2014	Date of Injury:	07/09/2014
Decision Date:	10/29/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Pain Management 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 patient with the date of injury of July 9, 2014. A utilization review determination dated September 16, 2014 recommends noncertification for 12 sessions of physical therapy for the neck, mid back, and low back. Noncertification was recommended to await the outcome of an MRI prior to considering additional physical therapy in the spine. An MRI of the thoracic spine dated September 26, 2014 identifies a small disc herniation at T4-5 and T 10-T11 without cord or nerve impingement. A progress report dated September 4, 2014 identifies subjective complaints of neck pain, mid back pain, and low back pain. Diagnoses include cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, and lumbar herniated nucleus pulposis. The treatment plan recommends therapy. Additionally, diagnostic testing is being requested to "assist in clinical decision-making to evaluate for other therapeutic avenues." Additionally, a urine drug screen as well as continuing with the current medication regimen is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation 3 times weekly for 4 weeks, neck, mid and low back x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 08/04/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy, Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 10 therapy sessions for the treatment of cervical and lumbar sprains/strains. Within the documentation available for review, it is unclear whether the patient has undergone physical therapy previously. If so, there is no documentation of objective functional improvement as a result of that therapy. If not, there is no indication of any specific objective treatment goals, no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits, and the currently requested number of visits exceeds the number recommended by guidelines as a trial. Furthermore, the request exceeds the amount of PT recommended by the ODG and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.