

Case Number:	CM14-0167454		
Date Assigned:	10/14/2014	Date of Injury:	01/16/2012
Decision Date:	11/17/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/10/2014

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 Internal 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:

The patient is an injured worker with the diagnoses of cervical sprain and strain, lumbar sprain and strain, cervical spinal stenosis, cervical radiculopathy. Date of injury was 1/16/12. The progress report dated 8/13/14 documented subjective complaints of neck and lower back pain. Patient states that on January 16, 2012 he was caring boxes above his head that were about 50 pounds together when he slipped and landed on his knees. Patient states that when he fell both boxes fell on his head. Patient now complains of neck and lower back pain. Patient states that his neck pain radiates up to his head and causes him to feel dizzy and have headaches. Patient states that his pain also radiates down to both shoulders all the way down to his hands. Patient also complains of lower back pain that radiates down to both his legs. Patient states that his pain is constant, aching, and sharp at times. Patient states that he feels numbness going down both arms and legs. Patient states that prolonged walking makes the pain worse. Patient states that taking medication helps alleviate the pain. Patient states that his pain level without taking pain medication is a 9/10. Patient states that his pain level with taking pain medication drops down to a 6/10. Patient is currently taking Tramadol and Naproxen with pain relief. Patient states Tramadol helps alleviate the pain and naproxen helps with inflammation. Patient is currently going to physical therapy with minimal pain relief. Examination revealed strength at 5/5, normal sensation and deep tendon reflexes, positive Spurling's and axial compression maneuver and decreased range of motion. Diagnoses were cervical sprain and strain, lumbar sprain and strain, cervical spinal stenosis, cervical radiculopathy. Patient is currently undergoing physical therapy. Patient is with cervical spinal stenosis and cervical radiculopathy who has tried conservative therapy including physical therapy. Treatment plan included a request to continue physical therapy. Physical therapy note dated 3/12/12 documented the plan for six physical therapy visits.

Physical therapy note dated 3/21/12 documented that the patient reported that he felt no different with therapy. Utilization review determination date was 9/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the lumbar and cervical 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 Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT) Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Physical therapy (PT)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) provide physical therapy (PT) physical medicine treatment guidelines. For neck and back sprains and strains, 10 physical therapy visits are recommended. Medical records document that the patient had physical therapy in March 2012. The patient reported that he felt no different with physical therapy. The progress report dated 8/13/14 documented that the patient had been participating in physical therapy with minimal pain relief. MTUS and ODG guidelines recommend up to 10 physical therapy visits for neck and back conditions. Medical records indicate that the patient has received physical therapy in 2012 and 2014. The patient reported minimal relief with physical therapy. The request for 12 additional physical therapy visits would exceed MTUS and ODG guidelines recommendations. No exceptional factors justifying exceeding guidelines were noted. The request for 12 additional physical therapy visits for the cervical and lumbar spine is not supported. Therefore, the request for Physical Therapy 2 X Wk X 4 Wks for Cervical and Lumbar Spine is not medically necessary.