

Case Number:	CM14-0171584		
Date Assigned:	10/23/2014	Date of Injury:	08/15/2014
Decision Date:	12/24/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/17/2014

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 Interventional Spine 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 63-year-old male, with a reported dated of injury of 08/15/2014. He was involved in a motor vehicle accident, while riding as a passenger in a truck. The injured worker hurt his low back as a result of twisting to grab the wheel to steer the truck. Other results of the injury were anxiety and bilateral neck pain. The current diagnoses include lumbar muscle strain and sprain and acute reactions to stress. The past diagnoses include anxiety, acute stress disorder, psychomotor disturbance, post-traumatic stress disorder, lumbar sprain, and lumbago. The treatments include physical therapy for the low back, mental health care, Norco, and Naprosyn. Diagnostic studies included X-rays of the right knee, right wrist, left wrist, lumbar spine, and cervical spine on 09/23/2014. The progress report (PR-2) dated 09/11/2014 indicated that the injured worker complained of bilateral neck pain and discomfort and bilateral low back pain and discomfort. The injured worker stated that he had not improved since the last visit. He complained of mild pain in the neck and low back, which became moderate with any activity; and intermittent headaches with the neck pain. The injured worker had completed three (3) physical therapy sessions. The physical examination showed normal range of motion and full passive range of motion without pain in the neck; tenderness, pain, and spasm in the cervical and lumbar spines; normal range of motion in the lumbar spine; normal straight leg raise test. The treating physician noted that the injured worker will require more physical therapy twice a week for three weeks for the neck and back. The physical therapy note dated 09/11/2014 indicated that the injured worker showed a slight decrease in low back muscle spasms, and slow progress was anticipated due to the heightened level of anxiety. On 09/23/2014, Utilization Review (UR) denied the request for additional physical therapy two (2) times a week for three (3) weeks for the lumbar and cervical spine. The UR physician noted that the injured worker has not had any

significant benefit with the previous physical therapy, and that there are no new residual deficits; however, appropriate ongoing treatment can be obtained with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x3 lumbar/cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with pain in his neck and lower back. The request is for additional physical therapy 2x3 for lumbar/cervical spine. There were no treating physician's reports or therapy reports available for this review. Information was relied on the utilization review denial letter from 9/23/14. Based on this report, the 09/11/2014 report suggests that the patient has had 3 visits of physical therapy recently. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater has asked for additional therapy but no reports are provided discussing the rationale. It would appear that the patient has had some 6 sessions authorized of which 3 were completed recently. There is no report as to how the patient has done and why the patient is not able to transition into a home exercise program. Given the lack of discussion, and the fact that authorized 6 sessions plus the requested 6 more exceeds what is allowed per MTUS for this type of condition, the request is not medically necessary.