

Case Number:	CM14-0174735		
Date Assigned:	10/28/2014	Date of Injury:	02/19/2014
Decision Date:	12/08/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/22/2014

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:

Pursuant to the progress note dated October 22, 2014, the IW complains of neck pain, and low back pain. Pain with medications is rated 3/10, and 8/10 without medications. The IW is taking medications as prescribed. He states that the medications are working well. The IW has seen a chiropractor who is recommending that he wait for the lumbar spine MRI and x-ray results to guide treatment. Objective physical findings include no cervical lordosis, asymmetry or abnormal curvature noted on inspection. Range of motion is restricted with flexion limited to 30 degrees, extension limited to 30 degrees and more pain with extension. No spinal process tenderness is noted. Thoracic spine ROM is limited. The paravertebral muscles are tender on the left side. Exam of the lumbar spine revealed lumbar facet loading was positive on the right side. Trigger points with radiating pain and twitch response on palpation at the lumbar paraspinal muscles and trapezius muscles. There was occipital tenderness on the left. Strength of all muscles was 5/5. Light touch sensory examination was normal. The IW was diagnosed with cervical facet syndrome, lumbar disc disorder, post-concussion syndrome, and spasm of the muscle. Medications include Norco 10/325mg, Zipsor 25mg. The provider is recommending continuation of physical therapy X 12 sessions for evaluation and treatment of the low back and neck pain.

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 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy two times a week for six weeks is not medically necessary. The ODG enumerates the guidelines for physical therapy. Allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home PT. As time goes by, one should see an increase in the active regimen of care and the fading of treatment frequency. Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program. Patients should be formally assessed after the six visit clinical trial to see if the patient was moving in a positive direction, no direction or negative direction. In this case, the injured worker received 12 physical therapy sessions to date. The records show the injured worker did not achieve any appreciable pain reduction and there was no objective functional improvement as a result of the physical therapy treatments documented in the medical record. Consequently, additional physical therapy is not indicated and not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, physical therapy two sessions per week for six weeks is not medically necessary.