

Case Number:	CM14-0182770		
Date Assigned:	11/07/2014	Date of Injury:	03/12/2012
Decision Date:	12/12/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice 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 30 year old female claimant who sustained a work injury on March 12, 2012 involving the low back. She was diagnosed with cervical radiculopathy, lumbar radiculopathy, chronic low back pain and neck pain. An MRI on June 2012 showed L4- L5 disc bulging, L3- L4 disc bulging, retrolisthesis of L4 on L5 and no soft tissue abnormalities . A progress note on October 29, 2014 indicated the claimant had 5/10 neck and low back pain. She had been taking cyclobenzaprine and hydrocodone for pain along with Naprosyn and topical Tercoin. Exam findings were notable for reduced range of motion of the lumbar spine and a positive straight leg test on left and right sides. The treating physician requested eight additional sessions of physical therapy. She had completed eight sessions of physical therapy the month prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant has already undergone 6 sessions with improvement in range of motion. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary. According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks In this case, the claimant had already completed eight sessions of physical therapy. There is no indication that the additional therapy cannot be completed at home. The additional eight sessions of physical therapy exceeds the amount recommended by the guidelines above. Therefore the 8 sessions of physical therapy as requested above is not medically necessary.