

Case Number:	CM14-0025454		
Date Assigned:	06/13/2014	Date of Injury:	06/11/2012
Decision Date:	08/11/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 31-year-old female who reported an injury on 06/11/2012 due to an unknown mechanism of injury. The injured worker complained of pain in the neck, left arm, back, and left leg. On 01/09/2014, the physical examination revealed extremely limited cervical rotation, flexion at 10 degrees left and right, extension at 10 degrees, forward flexion at 5 to 10 degrees. She experienced tenderness to palpation throughout the midline and paraspinal areas. She had a positive Spurling's test on the left. She also expressed tenderness in the lower lumbar spine. Her sensory and motor test was intact in the lower extremities. According to the documentation, the injured worker had a magnetic resonance imaging (MRI) of the cervical and lumbar spine on 12/14/2013 that showed L5-S1 had desiccation with minimal height loss, and a small broad-based disc bulge with a central annular tear. The cervical spine had a reversal of cervical lordosis with apex at C5-6. C4-5 has minimal subligamentous disc bulge partially effacing the ventral cerebrospinal fluid (CSF). The injured worker had diagnoses of cervical degenerative disc disease, cervical radiculopathy consistent with C6 distribution, lumbar degenerative disc disease, and lumbar radiculopathy consistent with S1 distribution, chronic cervical neck pain, and chronic lumbar back pain. The past treatment methods included physical therapy, chiropractic therapy, and acupuncture. The injured worker takes Tylenol occasionally but preferred not to be put any medications. The treatment plan was for physical therapy 2 times a week for 6 weeks to the lumbar/cervical spine. There is no rationale provided for review. The Request for Authorization Form was dated 01/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS TO THE LUMBAR/CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

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

Decision rationale: The request for physical therapy 2 times a week for 6 weeks to the lumbar/cervical spine is not medically necessary. The injured worker has a history of pain in the neck, left arm, back, and left leg. The CA MTUS guidelines state that 9-10 sessions of physical therapy are recommended for myalgia and myositis. There is no recent documentation of the functional improvement from the injured worker's past therapy sessions. In addition, the 12 visits requested exceed guideline recommendations. Given the above, the request for physical therapy 2 times a week for 6 weeks to the lumbar/cervical spine is not medically necessary.