

Case Number:	CM14-0026102		
Date Assigned:	06/20/2014	Date of Injury:	06/27/2011
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 40-year-old female who reported an injury on 06/27/2011. The mechanism of injury was not provided within the documentation. Her diagnoses were noted to be cervical radiculopathy; cervical spondylosis; failed back surgery syndrome; low back pain; and sacroiliitis. Her prior treatments were noted to be trigger point injections, physical therapy, and medications. The injured worker had a clinical evaluation on 12/16/2013 with complaints of back pain. Upon physical exam, it was noted that lumbar mobility was decreased. Cervical palpation revealed bilateral tenderness. Lumbar palpation revealed bilateral tenderness. The injured worker received a trigger point injection to the cervical spine for cervical radiculopathy. The treatment plan included Lyrica 100 mg and Norco 10/325 mg for pain. The request for authorization for medical treatment was not provided within the documentation. The provider's rationale for the requested physical therapy was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT 2X6 LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-PT.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine. Active therapy requires an internal effort by the individual to create a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines allow for fading of treatment frequency, from up to 3 visits per week to 1 or less, plus active self-directed physical medicine. The guidelines allow for 8 to 10 visits over 4 weeks. The injured worker had a clinical evaluation on 12/16/2013. The injured worker complained of back pain; however, a pain assessment was not adequately provided with the documentation. In addition, it is not indicated that the injured worker had any functional deficits. It is clear the injured worker has already participated in physical therapy according to the documentation. The documents fail to indicate how many physical therapy visits were used and if the physical therapy provided any efficacy. The request for additional physical therapy of 12 sessions is excessive. The guidelines indicate a fading of treatment frequency and self-directed home physical medicine. Therefore, the request for additional physical therapy, 2 times 6, for the lumbar spine is not medically necessary and appropriate.