

Case Number:	CM14-0036350		
Date Assigned:	06/25/2014	Date of Injury:	07/13/2012
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 42-year-old female injured on July 13, 2012. The mechanism of injury is noted as a sudden slip and fall injury. The most recent progress note, dated April 10, 2014, indicates that there are ongoing complaints of neck pain with radiation, numbness, and tingling, as well as, low back pain with radiation, numbness, and tingling. Medications help control the pain temporarily. The physical examination documents tenderness to palpation about the cervical and lumbar spinal regions with spasm noted in the paraspinal muscles and limited range of motion. This note does not outline a specific injury and medications are listed as including, Prilosec, naproxen, and to compounded topical medications. Diagnostic imaging studies including MRI of the cervical spine were performed on April 7, 2014. This imaging study documents nonspecific straightening of the cervical spine and a one-2 mm posterior disc bulge at C6-C7 with no evidence of central canal stenosis or neuroforaminal narrowing. The most recent lumbar spine MRI is dated January 22, 2013 and documents preserved disc Heights from L1-L5. There is no evidence of central canal stenosis and there is no evidence of neuroforaminal narrowing. There is disc desiccation L5 and S1, but this type is preserved and no stenosis is documented. Previous treatment includes oral medications and physical therapy. A request had been made for additional physical therapy and was not certified in the pre-authorization process on February 27, 2014. The reviewer cited an agreed-upon medical examination that indicated numerous physical therapy visits over the last year and a half and noting that the claimant should be well versed in a home exercise plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy eight visits for the lumbar spine.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of physical therapy for individuals with chronic pain and recommends 8-10 visits for individuals with radiculitis. Based on the clinical documentation provided there have been complaints of radiculopathy but this has not been demonstrated on physical examination or in advanced imaging studies. Additionally, previous therapy has been completed and the claimant has been trained in a home exercise program. The guidelines allow for fading of treatment and given the lack of recently documented objective findings, the request is considered not medically necessary.