

Case Number:	CM14-0037617		
Date Assigned:	06/25/2014	Date of Injury:	01/12/2006
Decision Date:	08/12/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/28/2014

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 and is licensed to practice in Illinois. 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 63-year-old male who reported an injury on 01/12/2006. The mechanism of injury was not provided for clinical review. The diagnoses included Cervicalgia, cervical disc degeneration/disc disease, and lumbar spine pain. Previous treatments included medication, MRI, x-rays, cervical traction, massage. Per the clinical note dated 03/07/2014, it was reported the injured worker complained of low back pain and neck pain. On the physical examination, the provider noted tenderness of the cervical spine at C6 and C7, paraspinal spasms, and trigger points at the trapezius. The provider noted cervical spine flexion was mildly restricted and extension was mildly restricted. Upon examination of the lumbar spine, the provider noted tenderness at the L4-5 level. He indicated the injured worker had paraspinal spasms over the right side and over the left side. The injured worker had trigger points at L4-5, deep tendon reflexes were normal. The provider requested physical therapy. However, rationale was not provided for clinical review. The request for authorization was provided and submitted on 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy sessions 3 times a week for 4 weeks, total 12 sessions, for cervical spine:
Upheld

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

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

Decision rationale: The request for Physical Therapy sessions 3 times a week for 4 weeks, total 12 sessions, for cervical spine is not medically necessary. The injured worker complained of low back pain and neck pain. The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia and myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation including an adequate and completed physical examination demonstrating the injured worker had decreased functional ability, decreased strength, or flexibility. The amount of physical therapy visits the request is submitted for exceeds the guideline recommendations of 8 to 10 visits. Therefore, the request is not medically necessary.