

Case Number:	CM14-0038008		
Date Assigned:	06/25/2014	Date of Injury:	11/08/2011
Decision Date:	09/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 52 year old male who reported an injury on 11/08/2011 with unknown mechanism of injury. The injured worker was diagnosed with degenerative disc disease of the cervical and lumbar spine. The injured worker was treated with medications and home stretching. The injured worker had an unofficial cervical MRI on 11/19/2013 and an unofficial MRI of the lumbar spine on 11/19/2013. The clinical note dated 12/19/2013 noted the injured worker complained of cervical and lumbar spine pain. The injured worker's examination indicated paraspinal muscle tenderness with painful range of motion to the cervical and lumbar spine and positive straight leg raise bilaterally. The injured worker was prescribed anti-inflammatories. The treatment plan was for physical therapy of the cervical and lumbar spine. The rationale for the request was not provided in the medical records. The request for authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X 6, CERVICAL AND 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, NECK AND UPPER BACK PROCEDURE SUMMARY, LOW BACK PROCEDURE SUMMARY.

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

Decision rationale: The request for physical therapy 2 x 6, cervical and lumbar spine is not medically necessary. The injured worker is diagnosed with degenerative disc disease of the cervical and lumbar spine. The California MTUS guidelines recommend 8-10 visits of physical therapy for radiculopathy. The injured worker has documentation of physical therapy sessions extending back to 03/19/2013. The medical records lack documentation of the number of physical therapy sessions completed. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the prior sessions of physical therapy. Additionally, the request is for 12 sessions of physical therapy which exceeds the guidelines recommendation of a maximum of 10 sessions. As such, the request for physical therapy 2x 6, cervical and lumbar spine is not medically necessary.