

Case Number:	CM14-0043940		
Date Assigned:	07/02/2014	Date of Injury:	11/16/2012
Decision Date:	08/05/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

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 Interventional Spine, 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 patient is a 50 year old with an injury date on 3/31/11. The patient complains of significant pain in both her cervical and lumbar regions per a 1/24/14 qualified medication examination (QME). The patient's pain is made intermittently severe by activity, and improved only by usage of pain medication per the 1/24/14 QME. Based on the 2/19/14 progress report provided by [REDACTED] the diagnoses are lumbar radiculopathy, lumbar facet syndrome, lower back pain, post-cervical lam. syndrome, and cervical pain. Exam on 2/19/14 showed cervical spine range of motion restricted with flexion at 30 degrees, right/left lateral bending at 20 degrees, and lateral rotation to the left at 50 degrees. Paravertebrals show spasm, tenderness to palpation, and tight muscle bands bilaterally. There was tenderness at rhomboids and trapezius. Spurling's causes pain in muscles of neck, but no radicular symptoms. Lumbar spine range of motion was restricted with flexion at 20 degrees, extension at 20 degrees, and right/left lateral bending at 20 degrees. Straight leg raise is positive bilaterally. Lumbar facet loading is positive bilaterally. Faber's is positive. Ankle jerk is 2/4 bilaterally. There is tenderness to palpation over left lumbar paravertebrals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Review of physical therapy reports shows that the patient had five sessions from 1/6/14 to 2/7/14 and per the 2/19/14 report, an additional 11 sessions that were helpful. Therefore, the patient appears to have had 16 sessions of therapy in 2014, outside of the postoperative time frame. For fusion surgeries, the MTUS postsurgical treatment guidelines allow 34 visits over 16 weeks within 6 months but this patient is outside of the postoperative time frame. For non-postoperative therapy treatments, 9-10 sessions are recommended per MTUS for myalgia/neuritis. Given that this patient already had 16 sessions this year, an additional 12 requested sessions would exceed what is allowed by MTUS. As such, the request is not medically necessary.