

Case Number:	CM14-0045063		
Date Assigned:	06/25/2014	Date of Injury:	07/22/1997
Decision Date:	09/05/2014	UR Denial Date:	03/25/2014
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 Physical Medicine and Rehabilitation, 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:

According to the records made available for review, this is a 68-year-old female with a 7/22/97 date of injury. At the time (3/6/14) of request for authorization for PT 2X6 cervical and lumbar w/ [REDACTED] EMG/NCS upper and lower extremities w/ [REDACTED] and EMG/NCS upper and lower extremities w/ [REDACTED], there is documentation of subjective (low back pain and cervical spine pain with numbness, tingling, and weakness in the left lower extremity) and objective (decreased cervical spine range of motion, positive paravertebral and upper trapezius muscle spasm, positive cervical distraction and foraminal compression test, decreased lumbar spine range of motion, and positive Kemp's test) findings, current diagnoses (lumbar spine herniated nucleus pulposus with radiculopathy and cervical spine myoligamentous injury), and treatment to date (physical therapy with some relief and medications). Medical report identifies a request for continuation of physical therapy for the cervical and lumbar spine and MRI of the cervical spine. Regarding PT 2X6 cervical and lumbar w/ [REDACTED], the number of previous physical therapy sessions cannot be determined; in addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Regarding the EMG/NCS upper and lower extremities w/ [REDACTED], there is no (clear) documentation of response to additional conservative treatment (physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 CERVIAL AND LUMBAR W/ [REDACTED] EMG/NCS UPPER AND LOWER EXTREMITIES W/ [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back and Neck & Upper Back, Physical therapy (PT).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbosacral radiculitis not to exceed 12 visits over 8 weeks and displacement of cervical intervertebral disc not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus with radiculopathy and cervical spine myoligamentous injury. In addition, there is documentation of previous physical therapy treatments. Furthermore, there are documentation functional deficits and functional goals. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, despite documentation of some relief with previous physical therapy, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services because of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for PT 2X6 cervical and lumbar w/ [REDACTED] is not medically necessary.