

Case Number:	CM14-0052680		
Date Assigned:	07/07/2014	Date of Injury:	04/06/2011
Decision Date:	08/29/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 56-year-old female with a 4/6/11 date of injury. The mechanism of injury was not noted. According to a 3/21/14 progress report, the patient complained of intermittent neck pain, rated 2/10, with occasional radiation to the trapezius muscles and bilateral upper extremities. She also complained of occasional bilateral wrist and hand pain. Furthermore, she reported frequent low back pain, rated 4/10 with occasional radiation to the left lower extremity. She noted that her neck, bilateral wrist and hand, and low back pain feel better since her last visit. Objective findings: examination of lumbar spine reveals paraspinal spasms and tenderness; lumbar spine ROM reveals flexion at 25/60 degrees, extension at 10/25 degrees, right lateral bend at 10/25 degrees, and left lateral bend at 15/25 degrees; straight leg raise test is positive in the left lower extremity with radiating pain in the left lower extremity; numbness, tingling, and paresthesias at 70 degrees of evaluation. Diagnostic impression: status post anterior cervical decompression and fusion at C6-C7, L4-L5 spondylolisthesis with worsening left leg pain and aggravation. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 4/8/14 denied the request for 12 physical therapy sessions to lumbar spine. The requested additional therapy for the cervical spine and lumbar spine cannot be recommended as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114); Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, the medical reports reviewed do not clearly establish objective functional gains or improvement with activities of daily living. In addition, there is no documentation as to how many physical therapy sessions the patient has already completed. ODG Low Back Chapter supports up to 10 sessions of physical therapy over 8 weeks for lumbar sprains and strains. According to a 3/21/14 progress note, the patient is currently doing a home exercise program. It is unclear why the patient needs additional physical therapy sessions at this time. Therefore, the request for Physical Therapy 12 sessions to the lumbar spine is not medically necessary.