

Case Number:	CM14-0066913		
Date Assigned:	07/11/2014	Date of Injury:	04/21/2011
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/12/2014

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 Pain Management 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:

This is a female patient with the date of injury of April 21, 2011. A Utilization Review was performed on April 14, 2014 and recommended non-certification of 12 Physical Therapy Visits for the Cervical Spine and Lumbar Spine between 4/10/2014 and 5/25/2014. There is note that the patient previously underwent physical therapy. A Treating Orthopaedic Evaluation dated March 26, 2014 identifies Present Complaints of constant pain and stiffness to the cervical spine, with occasional severe headaches and radiating pain into her shoulders and down both arms. She also reports numbness and tingling to both upper extremities, worse on the right. The patient also complains of constant pain and stiffness to her lumbar spine radiating into both hips and down the legs, with tingling in her feet. Physical Examination identifies tenderness to palpation over the para-axial musculature, with spasticity. Range of motion of the cervical spine is limited. Sensory response over the C5, C6, and C7 nerve roots is decreased on both the right and left sides. Tenderness to palpation over the para-axial musculature of the lumbosacral spine, with spasticity. Range of motion of the lumbar spine is limited. Diagnoses identify cervical spine sprain and strain, rule out herniated cervical discs, clinical bilateral upper extremity radiculopathy, ulnar nerve entrapment neuropathy right upper extremity, trigger finger bilateral long fingers, lumbar spine sprain and strain with possible herniated lumbar discs, and clinical bilateral lower extremity radiculopathy. Treatment Recommendations identify the patient's treatment will consist of physical therapy, symptomatic medications and topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG Chapter: Neck and Upper Back; Low Back-Lumbar and Thoracic (Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy and Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for 12 physical therapy visits for the cervical spine and lumbar spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends up to 12 physical therapy visits for the diagnosis of radiculitis. Within the documentation available for review, there is no indication when the prior physical therapy was completed, any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for 12 physical therapy visits for the cervical spine and lumbar spine is not medically necessary.