

Case Number:	CM14-0068664		
Date Assigned:	07/14/2014	Date of Injury:	08/03/2010
Decision Date:	09/15/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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 Medicine 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 62-year-old female with a 8/3/10 date of injury. At the time (4/8/14) of request for authorization for Physical Therapy #12 sessions cervical and lumbar, there is documentation of subjective (neck and low back pain) and objective (tenderness over the left trapezius and deltoid, negative straight leg raising test, and no spasms noted) findings, current diagnoses (low back syndrome, lumbar/lumbosacral disc degeneration, lumbar myofascial sprain-strain, cervicgia and cervical myofascial sprain-strain), and treatment to date (medications and 34 previous physical therapy treatments). Medical report identifies that physical therapy improves function. 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 as a result of physical therapy treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy #12 sessions cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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) N.

Decision rationale: 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. ODG recommends a limited course of physical therapy for patients with a diagnosis of Sprains and strains of the neck not to exceed 10 visits over 8 weeks for the neck and upper back and a diagnosis of Intervertebral disc disease without myelopathy not to exceed 10 visits over 8 weeks for the Low back. 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 low back syndrome, lumbar/lumbosacral disc degeneration, lumbar myofascial sprain-strain, cervicalgia and cervical myofascial sprain-strain. In addition, there is documentation of at least 34 previous physical therapy sessions completed to date, which exceeds guidelines, functional deficits, and functional goals. Furthermore, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Lastly, despite documentation that previous physical therapy improves function, 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. Therefore, based on guidelines and a review of the evidence, the request for authorization for Physical Therapy #12 sessions cervical and lumbar is not medically necessary.