

Case Number:	CM14-0072910		
Date Assigned:	07/16/2014	Date of Injury:	08/12/2009
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 & 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:

This 45 year-old patient sustained a neck injury on 8/12/09 from a motor vehicle accident while employed by [REDACTED]. The request under consideration is physical therapy two (2) times a week for three (3) weeks for the lumbar spine and cervical spine. Diagnoses include lumbar IVD syndrome; cervical disc displacement with myelopathy. Conservative care has included diagnostic studies, acupuncture, chiropractic care (2 sessions), medications, physical therapy (12 sessions), modified activities/rest, and lumbar epidural steroid injections. Hand-written report of 1/16/13 from the chiropractic provider noted the patient with increased pain and stiffness in the neck. She had more physical therapy and medication and continues to work despite pain. Exam showed right upper extremity numbness and weakness; cervical spasm, positive foraminal compression test and diffuse weakness. X-rays of the lumbar spine dated 8/23/13 were unremarkable. AME report of 9/30/13 noted patient to reach MMI without surgical indication. Future medical provision included short-courses of chiropractic/physical therapy or acupuncture for flare-ups and trigger point injections, lumbar epidural steroid injections as necessary. Report of 3/18/14 from another provider noted patient was traveling from physical therapy when she was involved in a second MVA with exacerbation of neck and low back pain, more radicular symptoms in right upper extremity. Exam had tenderness to palpation of lumbar musculature and sciatic notch, forward flexion 4 inches from floor, extension of 20 degrees; SLR at 70 degrees; sensory decreased along posterolateral thigh and calf/dorsum of right foot. Treatment plan was for transforaminal lumbar epidural injection which was approved on 4/10/14. Report on 4/10/14 from the chiropractor stated patient complaints as cervical and lumbar spine flare-up and a need for a follow-up with pain management. Exam showed decreased cervical spine and lumbar spine ROM with tenderness of spine. The request for

physical therapy two (2) times a week for three (3) weeks for the lumbar spine and cervical spine was non-certified on 4/23/14 citing guidelines criteria and lack of medical necessity.

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 three (3) weeks for the lumbar spine, cervical spine: Upheld

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

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient has received prior sessions of physical therapy without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The physical therapy request for two (2) times a week for three (3) weeks for the lumbar spine and cervical spine is not medically necessary.