

Case Number:	CM14-0074035		
Date Assigned:	07/16/2014	Date of Injury:	10/12/2011
Decision Date:	09/09/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The injured worker is a 43 year-old male who was reportedly injured on 10/12/2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 4/25/2014 indicates that there are ongoing complaints of low back pain that radiates down the left lower extremity and neck pain rating from neck down to the right upper extremity. The physical examination demonstrated cervical spine: range of motion Limited with pain. Positive tenderness to palpation of the paravertebral muscles on the left side, positive spasm noted. Positive Spurling's causing pain radiating to the upper extremity. Bicep/tricep/brachioradialis reflexes bilaterally. Lumbar spine: range of motion is limited by pain. Positive tenderness to palpation paravertebral muscles with noted spasm on the left side. Lumbar facet loading is positive on the left. Straight leg raise is positive on the left in sitting position at 70. Lower extremity reflexes 2/4 bilaterally. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for physical therapy of the neck and back #12 sessions and was not certified in the pre-authorization process on 5/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck and lower back, QTY: 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The injured worker has multiple chronic complaints and reviews of the available medical records, fails to demonstrate an improvement in pain or function. He underwent previous physical therapy for the right hand/wrist which improved range of motion and minimal pain relief. According to the California Medical Treatment Utilization Schedule guidelines the current request exceeds the maximum of #10 visits. Therefore, without documentation of necessity for excessive visits this request for physical therapy for the neck and lower back, quantity of 12 is deemed not medically necessary.