

Case Number:	CM14-0077293		
Date Assigned:	07/18/2014	Date of Injury:	10/14/2009
Decision Date:	09/17/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 59 year old female with date of injury of 10/14/2009. A review of the medical records indicate that the patient is undergoing treatment for cervical discopathy, lumbar discopathy, and double-crush syndrome. Subjective complaints include; continued back pain aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking. Objective findings include; tenderness to palpation of the cervical paravertebral muscles and upper trapezial muscles with spasm; axial loading compression test and spurling's maneuver are positive; lumbar spine tenderness and pain with terminal motion; seated nerve root test is positive. Treatment has included; Toradol, Naproxen, cyclobenzaprine, Norco, Terocin patch, Gabapentin, and Ketoprofen; and an unspecified number of past physical therapy sessions. The utilization review dated 5/13/2014 was not medically necessary in regards to; physical therapy of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8 sessions 2 times week for 4 weeks , Lumbar and Cervical Spine:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities, by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Regarding physical therapy, ODG states "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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." ODG does recommend that post-surgical thoracic/lumbar physical therapy range from 16-30+ sessions over 8-16 weeks. The employee has been undergoing physical therapy since 12/17/2013. It is not clear how many sessions she has had and what the functional benefit has been. There is also no plan for the fading frequency of treatment or a transition to a home exercise plan. Therefore, the request for 8 sessions of physical therapy is not medically necessary.