

Case Number:	CM14-0092986		
Date Assigned:	07/25/2014	Date of Injury:	02/06/2011
Decision Date:	11/12/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/19/2014

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 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:

The injured worker is a 31-year-old male who reported injury on 02/06/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post lumbar fusion of the L3-S1, cervical myoligamentous sprain/strain, depression and anxiety, and GI complaints. Past medical treatments consist of physical therapy, chiropractic therapy, psychotherapy, and medication therapy. Medications consist of Mirtazapine, Bupropion, Clonidine, Klonopin, Exalgo, MSIR, and Omeprazole. MRI scan of the lumbar spine revealed potential issue for apportionment relative to the naturally occurring degenerative changes. On 06/03/2014, the injured worker complained of low back pain. Physical examination of the low back revealed tenderness to the paralumbar muscles. There was significant decreased range of motion limited by pain and apprehensive with performing range of motion. Examination of the cervical spine revealed tenderness with limited range of motion of the neck. The medical treatment plan is for the injured worker to continue use of medication therapy, continue with the psychologist, and to undergo physical therapy 2 times a week for 6 weeks to the cervical, thoracic, and lumbar spine. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks, cervical/thoracic/lumbar 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 Medicine Page(s): 98.

Decision rationale: The request for Physical therapy 2time a week for 6 weeks, cervical/thoracic/lumbar spine is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The submitted documentation lacked any indication of the injured worker's prior course of physical therapy, nor did it indicate the efficacy of the treatment. The submitted documentation also did not specify how many sessions of physical therapy the injured worker has completed to date. The request as submitted is for 12 sessions of physical therapy, exceeding recommended guidelines. Furthermore, the provider did not submit a rationale as to how continued physical therapy would help the injured worker with any functional deficits. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.