

Case Number:	CM14-0117142		
Date Assigned:	09/19/2014	Date of Injury:	01/28/2004
Decision Date:	01/05/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/25/2014

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 is a 64-year-old female with a 1/28/04 date of injury. According to a progress report dated 7/7/14, the patient complained of significant neck pain and worsening low back pain, associated with right lower extremity pain, which radiated from her buttock to her lateral thigh and leg. Objective findings: limited range of motion of cervical and lumbar spine, mildly weak in right upper extremity compared to left, numbness noted in an L5 nerve root distribution. Diagnostic impression: cervical spondylosis without myelopathy, lumbar spinal stenosis, right lower extremity radiculopathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/17/14 modified the request for physical therapy from 6 sessions to 2 sessions. There was limited documentation of exceptional indications for therapy and reasons why a prescribed independent home exercise program would be insufficient to address any functional deficits. Furthermore, the patient has had an unknown amount of physical therapy. Guidelines would allow for 2 visits of therapy to allow for limited retreatment, re-education, and transition to a prescribed and self-administered protocol and compliance assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 3 for the cervical/lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Physical Therapy, 9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 (page 114). Official Disability Guidelines (ODG) Neck and Upper Back Chapter - Physical Therapy; Low Back Chapter - Physical Therapy.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, this patient has had prior physical therapy treatment. It is unclear how many sessions he has previously completed. Guidelines support up to 10 visits over 8 weeks for neck sprains/strains and lumbar sprains/strains. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical therapy 2 times 3 for the cervical/lumbar spine is not medically necessary.