

Case Number:	CM14-0133649		
Date Assigned:	08/27/2014	Date of Injury:	05/11/2009
Decision Date:	04/01/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old female, who sustained an industrial injury on 3/23/15. She has reported neck, back and hand injuries after a fall. The diagnoses have included thoracic/lumbosacral neuritis and radiculitis. Treatment to date has included medications, lumbar epidural, surgery, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS), and conservative measures. Surgery included status post anterior cervical decompression and fusion 4/24/13 and status post right sided micro-decompression and foraminotomy. Currently, the injured worker complains of continued neck and low back pain. Physical exam revealed complaints of moderate pain and discomfort with neck movements. There was moderate tenderness noted to palpation with spasm noted. The thoracic spine revealed tenderness with 1+ muscle spasm over both sides. The lumbar spine demonstrated tenderness with 1+ muscle spasm over both sides. The injured worker had an abnormal gait and was unable to walk on toes and heels, with difficulty. There was no recent physical therapy sessions noted with the documentation. The recommended treatment was to continue medications and physical therapy. On 8/1/14 Utilization Review non-certified a request for 16 Additional Sessions of Physical Therapy for the Lumbar Spine, 2 Times a Week for 8 Weeks, as Outpatient, noting the injured worker should be educated and knowledgeable in Home Exercise Program (HEP) as well as modalities given the extent of therapy she has already had, which was 173 sessions of outpatient therapy since her original injury of 5/11/09. The medical necessity has not been established. The (ACOEM) Occupational Medicine Practice Guidelines and (MTUS) Medical Treatment Utilization Schedule were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Additional Sessions of Physical Therapy for the Lumbar Spine, 2 Times a Week for 8 Weeks, as Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM - [http://www.acoempracguides.org/Low Back](http://www.acoempracguides.org/Low%20Back); Table 2, Summary of Recommendations, Low Back Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22,46-47,96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low and Upper Back Pain, Physical Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of musculoskeletal pain. The utilization of PT can result in reduction in pain and medications use and functional restoration. The record indicates that the patient had completed and exceeded the number of guidelines recommended PT sessions. There is no report of additional acute injury or surgery that would require additional supervised PT treatments. The guidelines recommend that patients progress to a home exercise program on completion of supervised PT treatments. The criteria for 16 additional sessions of physical therapy for the lumbar spine 2 times a week for weeks as Outpatient is not met. The request is not medically necessary.