

Case Number:	CM14-0148526		
Date Assigned:	09/18/2014	Date of Injury:	01/18/2006
Decision Date:	01/23/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/12/2014

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 Occupational Medicine 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 patient is a 56-year-old female who has submitted a claim for cervical spine sprain/strain and lumbar spine sprain/strain associated with an industrial injury date of January 18, 2006. Medical records from 2014 were reviewed. The patient complained of persistent left sided low back pain radiating to the left lower extremity. Previous physical therapy resulted to improved range of motion, endurance, and strength. The patient likewise experienced neck pain. Electrodiagnostic test on September 3, 2014 showed left L5 lumbar radiculopathy. Treatment to date has included 6 sessions of physical therapy, chiropractic care, acupuncture, and medications. The utilization review from September 2, 2014 modified the request for 12 sessions of physical therapy for the cervical and lumbar spine, two times a week for 6 weeks into 6 sessions of physical therapy for the lumbar spine, two times a week for 3 weeks because continued treatments should be based on documented positive response to care.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy - cervical spine, 2 times a week for 6 weeks (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Neck & Upper Back Procedure Summary

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

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient was able to complete 6 sessions of physical therapy. This resulted to improved range of motion, endurance and strength. The present request is for additional therapy visits. However, there is no recent comprehensive physical examination, as well as assessment of activity limitations to further support extension of therapy services. The medical necessity cannot be established due to insufficient information. Therefore, the request for 12 sessions of physical therapy for the cervical spine, two times a week for 6 weeks is not medically necessary.