

Case Number:	CM14-0164867		
Date Assigned:	10/09/2014	Date of Injury:	12/06/2004
Decision Date:	12/03/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker is a 57 year old male who reported an industrial injury on 12-6-2004. His diagnoses, and or impressions were noted to include left proximal hamstring strain and partial tear; cervical radiculopathy; new onset left sciatica; and lumbar listhesis. No current imaging studies were noted; MRI of the left hip was said to have been done; and x-rays of the cervical and lumbar spine were said to have been done on 8-19-2014. His treatments were noted to include neck surgery in 2009; and rest from work as he was noted to be retired. The initial orthopedic evaluation progress notes of 8-19-2014 reported: that he was a previous patient; 3 months of persistent lower back pain, rated 4-5 out of 10, which radiated to the left buttock, after working out at the gym; along with a little twinge going down the left arm to the forearm, with tight rhomboids and para-scapular region. The objective findings were noted to include muscle pain, cramping, stiffness, and joint pain; slightly limited neck range-of-motion and increased pain with extension; decreased sensation in the left cervical 7 distribution; and decreased sensation in the left lumbar 4-5 distribution. The physician's requests for treatment were noted to include physical therapy twice a week for 6 weeks to see if it helped control his symptoms, before requesting MRI studies. The Request for Authorization, dated 8-27-2014, was noted for physical therapy, cervical and lumbar spine, 2 x a week x 6 weeks. The Utilization Review of 9-10-2015 non-certified 12 sessions of physical therapy for 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:

PT 2 x 6 for the cervical/lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: PT 2 x 6 for the cervical/lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior therapy. The MTUS supports a transition to an independent home exercise program. There are no extenuating factors that would necessitate 12 supervised therapy visits, which would exceed the MTUS recommended number of visits for this condition. Therefore, this request is not medically necessary.