

Case Number:	CM14-0170881		
Date Assigned:	10/23/2014	Date of Injury:	09/23/2009
Decision Date:	01/21/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/16/2014

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 Internal Medicine and is licensed to practice in New York. 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 59 year old female with a date of injury of 09/23/2009. She had a lumbar fusion (L5-S1) in 03/2011 and an anterior cervical discectomy with fusion (C5-C6 and C6-C7) on 09/19/2012. She was treated with physical therapy, epidural steroid injections, medication, acupuncture and a home exercise program. In 02/2013 she was started on physical therapy and was continued twice a week through and continuing past her office visit on 11/05/2013. On 10/14/2013 she had an office visit and it was noted that she was currently treated with physical therapy. On 11/05/2013 she recently completed a 5 week course of twice a week physical therapy. On 07/08/2014 she had 5/10 neck pain. There was tenderness of the paracervical muscles and the cervical range of motion was decreased. Spurling test was positive with C7 radiculopathy. She had lumbar pain with paralumbar muscle tenderness. The lumbar range of motion was decreased. Straight leg rising was positive bilaterally. Upper extremity strength was 5/5. With the exception of the knee extensors and great toe extensor that were 4/5, the other muscles of the lower extremities were 5/5. She was 70% improved after 12 acupuncture visits the month before.

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 3 weeks, cervical/lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165 - 188 and 287 - 316, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: She had already exceeded the maximum allowed number of physical therapy visits according to MTUS, Chronic Pain. She has had multiple courses of months of physical therapy. According to ACOEM, the purpose of having a few physical therapy visits is for instruction in a home exercise program. The patient has already been instructed in a home exercise program and at this point in time relative to the injury, there is no objective documentation of a superiority of continued formal physical therapy over a home exercise program. Therefore, the request is not medically necessary.