

Case Number:	CM14-0183574		
Date Assigned:	11/10/2014	Date of Injury:	01/19/2012
Decision Date:	02/27/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 31 woman with a date of injury of 1/19/12. She was seen by her physician on 10/3/14 with complaints of pain in her neck, upper, mid and lower back and right hip. She has had chiropractic sessions, which helped temporarily, and physical therapy sessions in the past 'with no benefit'. Her exam showed that she ambulated without an assistive device. She had tenderness to palpation over her paraspinal cervical muscles and a negative Spurling's maneuver bilaterally. She had limited lumbar spine range of motion with tenderness over the lumbar paraspinals with spasms. She had positive lumbar facet loading maneuver and a right positive straight leg raise. She had normal tone and 5/5 strength except 4+/5 on right ankle plantar flexion and right great toe extension. She had diminished right sensation in the right L5-S1 dermatomes of the lower extremity. Her diagnoses included thoracic or lumbosacral neuritis or radiculitis, cervicalgia, displacement of lumbar intervertebral disc without myelopathy and lumbosacral spondylosis without myelopathy. At issue in this review is the request for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12-sessions, 2 time a week for 6-week for the cervical and lumbar spine):
 Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. In this injured worker with chronic back and neck pain, physical therapy has already been used as a modality "with no benefit". A self-directed home program should be in place. The records do not support the medical necessity for additional physical therapy visits in this individual with chronic pain. Therefore, the request is not medically necessary.