

Case Number:	CM14-0187344		
Date Assigned:	11/17/2014	Date of Injury:	11/27/2007
Decision Date:	01/06/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 62 year old female with a date of injury of 11/27/07. The listed diagnoses are cervical spine strain/sprain with right upper extremity radiculopathy, Thoracic-lumbar sprain/strain with left lower extremity radiculopathy. According to progress report 10/21/14, the patient presents with chronic neck and low back pain. The patient also reports feeling depressed and anxiety. The patient reports an increase in pain about 8 days ago. The explanation of the increase in low back pain is hand written and illegible. Examination of the lumbar spine revealed positive straight leg raise, increase in radicular pain on the left. Range of motion is decreased on all planes and sensory is decreased in the L4-L5 distribution. Examination of the cervical spine revealed positive Spurling's and decreased range of motion. The patient is temporarily totally disabled for 6 weeks. The treater has made recommendation for a "short course of physical therapy 2x 4 wks to the l-spine." The Utilization review denied the request on 10/28/14. Treatment reports from 7/18/14 through 10/21/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THORACOLUMBAR SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Physical Therapy Thoracolumbar Spine. Progress report and Request for Authorization (RFA) both dated 10/21/14 request physical therapy "2x4." For physical medicine, MTUS guidelines page 98 and 99 recommends for myalgia, myositis and neuritis type symptoms, 9 to 10 sessions over eight weeks. On 10/21/14, the patient reported an increase in the low back pain which started about 8 days ago. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. In this case, a short course of 8 sessions of physical therapy to address the patient's recent flare-up is reasonable. The request for Physical Therapy Thoracolumbar Spine is medically necessary and appropriate.