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| Case Number: | CM14-0195975 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 01/31/2011 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 Physical Medicine Rehab, has a subspecialty in Pain 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 injured worker sustained a work related injury on January 31, 2011, as a result of repetitively twisting while transferring items between baskets, developing severe pain in the neck and back. The primary treating physician's comprehensive orthopedic evaluation on September 9, 2014, noted the injured worker with significant neck pain radiating into the bilateral trapezius muscles, and lumbar pain. Physical examination was noted to show diffuse tenderness in the posterior cervical musculature and in the lower lumbar area. The Physician noted the diagnoses as rule out cervical disc injury, rule out lumbar disc injury, cervical myofascial pain, and lumbar myofascial pain. The Physician requested authorization for twelve sessions of physical therapy for the lumbar spine. On October 28, 2014, Utilization Review evaluated the request for twelve sessions of physical therapy for the lumbar spine, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR physician noted the documentation did not indicate the number of previous physical therapy visits completed, or if the therapy was successful. Without evidence of exacerbation and number of physical therapy visits and if they were successful, the UR physician noted it would be unreasonable to expect that additional physical therapy would be more effective than completing a home exercise program independently, therefore medical necessity of the twelve sessions of physical therapy for the lumbar spine was not established. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy (PT) for the lumbar spine: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. The patient has undergone PT as documented in progress notes (which are entitled Chiropractic/PT Reports). A note from 4/10/14 indicates that manual therapy, electric stimulation and chiropractic have been performed for this worker. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore additional physical therapy is not medically necessary.