

Case Number:	CM14-0196305		
Date Assigned:	12/04/2014	Date of Injury:	09/24/2007
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
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 Family Practice 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 49 year old female claimant sustained a work injury on 9/24/07 involving the neck and low back. She was diagnosed with cervical and lumbar disc disease. An EMG in 2011 was unremarkable for the lower extremities. She had undergone radiofrequency ablations of the lumbar and cervical spine. She had a C5-C6 discectomy, L5-S2 disk desiccation and L5-S1 foraminotomies. She had used opioids and muscle relaxants for pain. She had performed exercises, undergone massage therapy and worked to relieve symptoms. A progress note on 10/30/14 indicated the claimant had been going to physical therapy. Exam findings were notable for tenderness in the SI joint. There was pain with flexion and extension. X-rays of the low back showed 4 mm translation of L4 on L5. A request was made to see a spine surgeon and continue 6 more sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy for the cervical spine, six sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ACOEM guidelines, physical and therapeutic interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The amount of sessions previously completed is unknown. Consequently, additional therapy sessions are not medically necessary.