

Case Number:	CM14-0200578		
Date Assigned:	12/10/2014	Date of Injury:	07/17/2013
Decision Date:	01/27/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Florida. 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 July 17, 2013, noted to have sustained an injury to the neck and back while vacuuming. A Secondary Treating Physician's report dated October 16, 2014, noted the injured worker with low back and neck pain. The cervical spine evaluation was noted to show tenderness to palpation on bilateral paraspinal muscles and midline cervical region, with spasm present with range of motion, and trapezial tenderness to palpation and spasm. Lumbar spine evaluation was noted to show tenderness to palpation on lumbar paraspinal muscles on the left side, and tenderness in the midline lumbar spine. Tenderness was noted over the bilateral PSIS and facet joints, with spasm present with range of motion. The diagnoses were noted to include low back pain with degenerative disc disease at the levels of L3-L4, L4-L5, and L5-S1, low back pain with myofascial pain, cervical spine degenerative disc disease with mild to moderate neuroforaminal stenosis at the level C3-C4, and cervical spine sprain/strain with myofascial pain. The Physician requested twelve Physical Therapy visits, two times a week for six weeks, to the neck and low back, as an outpatient. On November 6, 2014, Utilization Review evaluated the request for twelve Physical Therapy visits, two times a week for six weeks, to the neck and low back, as an outpatient, citing the MTUS American College of Occupational and Environmental Medicine Guidelines, Low Back, and Cervical and Thoracic Spine Disorders, and the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted there was a positive Patrick's test on the left in the lumbar region, but otherwise there was no other evidence of acute neurological or orthopedic impairments. The UR Physician noted the injured worker had physical therapy in the past, and had been instructed in home exercises and should be doing them on a regular basis. The request for twelve Physical Therapy visits, two times a week for six weeks, to the neck and low back, as an outpatient, was recommended for

non-certification as being not medically reasonable or necessary. 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 Physical Therapy visits 2 x 6 to the neck and low back as an outpatient.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): Table 2, Summary of Recommendations, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional 12 sessions. There is no acute indication for additional physical therapy at this time. This request is not medically necessary.