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| Case Number: | CM14-0206545 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 10/14/2009 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/09/2014 |

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 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 60-year-old female with a date of injury of 10/14/2009. According to treatment report dated 07/18/2014, the patient presents with constant pain in the cervical spine that radiates into the upper extremities. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades. The pain is rated as 7/10 on a pain scale. The patient also complains of low back pain with radiation into the lower extremities. Physical examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscle with spasm. A positive axial loading compression test is noted. Spurling's maneuver is positive. Range of motion is limited with pain. Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. Seated nerve root test is positive. Standing flexion and extension are guarded and restricted. The listed diagnoses are:1. Cervical and thoracic discopathy.2. Lumbar discopathy.3. Double crush syndrome. The patient is permanently partially disabled. Treatment plan was for patient to be referred for a course of physical therapy at a rate of 2 times a week for 6 weeks. The utilization review denied the request for physical therapy on 11/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks: Upheld

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

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 that radiates into the upper and lower extremities. The current request is for physical therapy 2 times a week for 6 weeks. The medical file provided for review does not include the number of completed therapy visits to date and the objective response to therapy were not documented. The utilization review notes that the patient was authorized physical therapy in December of 2013. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 visits over 8 weeks. In this case, the treating physician has not provided any discussion as to why the patient is unable to transition into a self-directed home exercise program. It is unclear how many sessions the patient has had in the past; however, the treating physician's current request for 12 sessions exceeds what is recommended by MTUS. The requested physical therapy is not medically necessary.