

Case Number:	CM14-0215959		
Date Assigned:	01/23/2015	Date of Injury:	01/04/2014
Decision Date:	02/28/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female injured worker suffered an industrial injury on 1/4/2014. The injured worker was a banquet server and while carrying food, bending forward to place food on a table, she felt a pulling sensation to the neck, shoulders and low back. The treatment included physical therapy, back support and medications. On 9/27/2014 she was picking up a box and had increase in pain to the upper back and neck. The provider's progress note of 9/27/2014 indicated the injured workers complaints were of constant pain and stiffness to the upper, mid and lower back with radiation to lower extremities along with pain and stiffness to the neck and shoulders. The diagnoses included cervical and lumbar sprain/strain with possible internal derangement with clinical lumbosacral radiculopathy. On 12/03/2014 the provider requested additional 12 sessions of physical therapy. The injured worker had completed 6 sessions of physical therapy and was utilizing medications for pain. Goals and results of physical therapy were not included in the documentation provided. The UR decision on 12/18/2014 denied the additional physical therapy request as there was no documentation of exceptional indications for therapy extension. The injured worker still had significant pain and no documentation as to why the home exercise program was insufficient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x12 visits-bilateral neck/bilateral low back area.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with neck pain, lower back pain, and pain in bilateral lower extremities. The treater has asked for physical therapy x 12 visits - bilateral neck/bilateral low back area on 12/3/14. Review of the reports dated 10/1/14 to 12/3/14 do not show any evidence of recent physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested 12 sessions of therapy. There is no discussion regarding treatment history to determine how the patient has responded to therapy treatments. Furthermore, the requested 12 sessions exceed what is allowed by MTUS for this type of condition. The request is not medically necessary.