

Case Number:	CM14-0032564		
Date Assigned:	06/20/2014	Date of Injury:	04/05/2013
Decision Date:	01/02/2015	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 60 year old person with date of injury 4/5/13. Medical records indicate that patient is undergoing treatment for cervical spondylosis, lumbar spondylosis, lumbar stenosis and chronic pain syndrome. Cervical MRI shows C5-C5 and C5-C6 neuroforaminal narrowing and C3-C4 subluxation. Lumbar MRI showed L3-L4 central stenosis with mild bilateral foraminal stenosis, L4-L5 central stenosis with bilateral foraminal stenosis, L4-L5 grade 1 spondylolisthesis and lumbar scoliosis. Subjective complaints include neck and low back pain and pain to right shoulder. Pain is made worse with prolonged sitting. Objective findings include neck tenderness to palpation with taut bands over the levator scapulae. Iliolumbar tenderness on palpation and flexion at waist to knee and on extension. Treatment has consisted of Physical Therapy, TENS unit, acupuncture, Ibuprofen and Flexeril. The utilization review determination was rendered on 2/27/14 recommending non-certification of Physical Therapy two (2) times a week for six (6) weeks for lumbar back and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks for lumbar back and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that patient has had 26 physical therapy sessions and the treating physician has no documented subjective or objective benefits. There has not been documentation to explain why patient cannot proceed with a home exercise program. As such, the request for Physical Therapy two (2) times a week for six (6) weeks for lumbar back and neck is not medically necessary.