

Case Number:	CM14-0095380		
Date Assigned:	07/25/2014	Date of Injury:	09/28/2010
Decision Date:	03/04/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/23/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 55 year old female patient who sustained an injury on 9/28/2010. She sustained an injury while pushing a rack up a ramp and the dishes slid out hitting her nose and forehead. Diagnoses include forehead, nose and cheek with post-traumatic headaches, cervical sprain, thoracolumbar sprain, lumbar radiculopathy and sleep maintenance insomnia secondary to pain. Per the note dated 5/12/2014, she had complaints of headache, nausea, depression, decreased sleep and on and off dizziness. The physical examination revealed that she was depressed and the neurological examination was unchanged. Per the note dated February 3, 2014, physical examination revealed tenderness laterally in the neck area with some decreased range of motion secondary to pain, tenderness inferiorly in the back area without spasm. She was wearing a back brace at the time of evaluation. In report dated February 26, 2014, she complained of neck pain and back pain which radiated into the posterior aspect of both legs. She reported left shoulder pain that radiated from her neck into her right arm, thumb and index finger. There was numbness and tingling in her lower legs to all of her toes. She could not stand, walk or sit for long periods due to the pain. She also complained of headaches consisting of an intense sharp pain in her forehead associated with nausea and blurred vision. She had moderate difficulty with activities of daily living. The medications list includes naprosyn, topamax and omeprazole. She has had an MRI of the lumbar spine on April 12, 2011, which revealed multilevel degenerative loss of disc space signal with several inferior endplate Schmorl's nodal endplate changes, L4-5 had 3mm and L5-S1 had 2-3mm disc bulges or small disc herniations and L5-S1 foramina reduced. She has undergone nasal surgery, bladder surgery in 2011 and surgery for aneurysm.

Treatment modalities included medications and a home interferential unit. Per the note dated 2/3/2014, she has had short course of physical therapy visits and acupuncture visits without relief. A request was made for 12 units of physical therapy 3x4 for the cervical, dorsal and lumbar spine. On June 3, 2014, utilization review modified the request and approved 6 units of physical therapy for the cervical, dorsal and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the cervical, dorsal and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low back/neck

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

Decision rationale: Request: Physical Therapy 3x4 for the cervical, dorsal and lumbar spine. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the note dated 2/3/2014, she has had short course of physical therapy visits and acupuncture visits without relief. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy 3x4 for the cervical, dorsal and lumbar spine is not established for this patient at this time.