

Case Number:	CM15-0002196		
Date Assigned:	02/12/2015	Date of Injury:	01/06/2014
Decision Date:	04/09/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 is a 54-year-old female, who sustained an industrial injury on 1/6/14. She has reported neck, back and right knee injuries. The diagnoses have included cervicalgia, lumbago, lumbar strain/sprain, dislocation of the knee and pain in joint. Treatment to date has included medications, conservative treatments, diagnostics, chiropractic and physical therapy. Currently, the injured worker complains of pain in the lumbar, cervical and right knee. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/29/14 revealed spondylotic anterior listhesis, disc desiccation, posterior disc herniation, and pseudo disc bulge that causes stenosis of bilateral foramen. Physical exam revealed lumbar spine spasms, cervical spine positive spurling's test and positive stiffness. The right knee had positive McMurray's test. There has been no change in the lumbar symptoms. The cervical neck is slightly improved. The right knee has no change in symptoms. It was noted that the injured worker has not been able to start physical therapy. Treatment was for authorization of chiropractic 2 times a week for 6 weeks. There was documented chiropractic sessions noted. The work status was to remain off work until next appointment. On 12/17/14 Utilization Review non-certified a request for 12 additional physical therapy for the lumbar spine, 2 times per week for 6 weeks, as an outpatient. The physician noted that this injured worker was initially injured in January 2014 with an unknown amount of physical therapy completed to date. Given unknown amount of prior therapy completed with unknown efficacy and as previous recommended therapy has yet to be completed, medical necessity has not been established for 12 additional physical therapy for the lumbar spine, 2

times per week for 6 weeks, as an outpatient. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy for the lumbar spine, 2 times per week for 6 weeks, as an outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26; MTUS (Effective July 18, 2009) Page(s): 98, 99 of 127.

Decision rationale: The California MTUS guidelines recommends up to 10 visits of physical therapy for the injured employees lumbar spine condition. A review of the medical record indicates that the injured employee has previously attended physical therapy for the lumbar spine however there has been an unknown number of visits to physical therapy with unknown efficacy. Additionally, this current request exceeds the California MTUS guideline recommendations. Considering that there has been previous physical therapy attendance and that this request exceeds the guidelines, this request for 12 additional physical therapy sessions for the lumbar spine is not medically necessary.