

Case Number:	CM15-0142170		
Date Assigned:	08/03/2015	Date of Injury:	02/09/2009
Decision Date:	08/31/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 35 year old female who sustained an industrial injury on 2-9-09. She had complaints of neck and low back pain. Treatments include: medication, physical therapy, cervical and lumbar traction and injections. Progress report dated 5-7-15 reports continued symptoms with complaints of mid back, low back and neck pain. She has cramping in her right leg. Diagnoses include: cervical and thoracolumbar strain. Plan of care includes: continue medication and recommend again, core strengthening program. Work status: modified duties with lifting 20 to 25 pounds and no repetitive heavy pushing or pulling. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Core Strengthening Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise, Physical Medicine Page(s): 46-47, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Chiropractic guidelines; Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, core strengthening program is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is cervical and thoracolumbar strain with radiculopathy. The date of injury is February 9, 2009. Request for authorization is June 25, 2015. The documentation includes a physical therapy progress note dated January 22, 2015 that reflects visit #6. The areas treated are unclear, but appears to include the lumbar spine. Core strengthening was improving. The documentation does not demonstrate objective functional improvement as a result of the six visits of physical therapy. According to a June 6, 2015 progress note, subjective complaints include neck pain, thoracic spine and lumbar spine pain, pain in the right arm and right leg. The patient has run out of medications and is not working. Objectively, there is tenderness and tightness of the cervical and lumbar spine with decreased range of motion. Neurologically the injured worker is stable. There are no significant functional deficits noted in the medical record. The injured worker received six prior physical therapy sessions and should be well versed to perform exercises while engaging in a home exercise program. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines with no evidence of functional deficit requiring additional physical therapy, core-strengthening program is not medically necessary.