

Case Number:	CM15-0165587		
Date Assigned:	09/03/2015	Date of Injury:	02/12/2015
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/24/2015

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 39 year old male who sustained an injury on 2-12-15 resulting from a motor vehicle accident (MVA). He was stopped and another vehicle rear ended him at 25 miles per hour; he was pushed into the car in front of him. Complaints of right neck pain; right upper back and right lower back pain; no loss of consciousness; 1 episode of dizziness that subsided; no head trauma. X-rays to his neck, upper and lower back were taken; pain medication and anti-inflammatory medication; and physical therapy to his neck, upper and lower back x 6 sessions. He worked light duty and resumed full duty work in March 2015. The objective findings on the exam dated 4-3-15 included cervical spine and lumbar spine without paraspinal; full range of motion in neck and back, right trapezius without muscle spasm; gait is normal. Diagnoses include cervical spine spasm, strain status post MVA; lumbar spine spasm, strain status post MVA; right trapezius muscle spasm. Work status is return to full duty. The physical therapy report from 4-2-15 objective findings document the IW was instructed in home program therapeutic exercises and to perform home exercises daily. The examination form 3-30-15 report daily intermittent aching in the neck, becoming sharp and shooting pain at the end of his 12 hour work shift; increased stiffness in the neck; pain increased with wearing his full gear, prolonged sitting and driving. His pain exacerbates throughout the day and alternating positions provide temporary pain relief. Range of motion examination reveals lumbar spine normal stance and gait; negative spasm; movement of the lumbar spine is restricted; range of motion negative spasm of the quadratus lumborum and tenderness over the SI joint; negative sitting root test; negative straight leg raise; distal neurosensory and vascular is intact; deep tendon reflexes are brisk and

symmetrical. Physical therapy 3 times a week for 6 weeks was the treatment plan recommended at this visit. Work status is full duty without restrictions. Current requested treatments 18 physical therapy session for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy sessions for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Passive therapy, Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Low Back, Physical therapy.

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) Neck section, Physical therapy, Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 18 physical therapy sessions to the cervical and lumbar spine 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 committee 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 diagnoses are cervical sprain strain; and lumbar sprain strain. Date of injury is February 12, 2015. Request for authorization is July 30, 2015. According to a single progress note by the requesting provider dated March 30, 2015, the treating provider requested six physical therapy sessions. According to a progress note dated February 19, 2015, the injured worker completed session #6 out of 6. Physical therapy was provided to the neck, upper and lower back. The treatment plan contains a request for 18 additional physical therapy sessions. There were no subsequent progress notes or physical therapy progress notes. The request for authorization is dated July 30, 2015. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization dated July 30, 2015. There is no clinical indication and rationale for an additional 18 physical therapy sessions. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. There is no documentation of the first set of 18 physical therapy sessions documenting objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation demonstrating objective functional improvement of the first 18 physical therapy sessions and no contemporaneous clinical documentation on or about the date of request for authorization (July 30, 2015), 18 physical therapy sessions to the cervical and lumbar spine is not medically necessary.