

Case Number:	CM15-0192683		
Date Assigned:	10/06/2015	Date of Injury:	11/02/2012
Decision Date:	11/19/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 36 year old female patient, who sustained an industrial injury on 11-2-12. She sustained the injury due to repetitive work. The diagnoses include cervical spine radiculitis, lumbar spine radiculitis and cervical disc disease. Per the doctor's note dated 8-21-2015 she noted neck pain radiating to the right side of the body rated a 9 out 10. Physical examination revealed guarding and pain with range of motion, spasms to the right of the cervical spine and decreased sensation to the left lower extremity, decreased lumbar spine range of motion and positive straight leg raising test. Per the doctor's note dated 7-31-15, the patient had complains of constant cervical spine pain rated 7-9 out of 10, described as stiff, achy pressure with radiation to bilateral shoulders, trapezius, biceps, arms and midback and shoulder blades; and low back pain with radiation to buttocks, posterior thighs, calves and plantar feet. She is currently not working. She has paid for all treatment out of pocket. Physical exam revealed restricted cervical range of motion, right sided spasms with bilateral tenderness and decreased sensation in left upper extremity, 4/5 strength in the bilateral upper extremities due to pain and restricted lumbar spine range of motion with positive bilateral straight leg raise, and decreased sensation, 4/5 strength due to pain. The medications list includes tylenol and OTC patches. She has had (MRI) magnetic resonance imaging of cervical spine dated 6-17-13 which revealed disc bulge at C2-3, C3-4, C4-5 and C7-T1 extending into left neuroforamina and at C3-7 extending into left paracentral left into left neuroforamina with a marked mass effect on left lateral cord; EMG/NCS dated 10/29/13 which revealed mild left cubital tunnel syndrome; cervical spine X-ray dated 7/31/15 which revealed straightening of lordosis and mild spurring at C5-6. Treatment to date has included

physical therapy, acupuncture, chiropractic treatment, activity modifications and therapeutic massage. Utilization review form dated 9-22-2015 noncertified physical therapy 2 x a week x 4 weeks cervical and lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical and lumbar spine 2 times per week for 4 weeks, quantity: 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Low Back Complaints 2004, Section(s): Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy for the cervical and lumbar spine 2 times per week for 4 weeks, quantity: 8 session. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. The patient has had an unspecified number of physical therapy visits for this injury. 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 for the cervical and lumbar spine 2 times per week for 4 weeks, quantity: 8 session is not established for this patient at this time. Therefore, the requested treatment is not medically necessary.