

Case Number:	CM15-0209539		
Date Assigned:	10/28/2015	Date of Injury:	02/20/2013
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old female injured worker suffered an industrial injury on 2-20-2013. The diagnoses included lumbar arthrodesis and instrumentation with radiculopathy 2-24-2014, cervical strain-sprain and mid back strain-sprain. On 8-6-2015, the provider reported pain in the low back, neck and bilateral legs. On exam, the cervical spine had tightness, spasms and muscle guarding with positive foraminal compression test. The lumbar spine had Lasegue's test was positive with positive straight leg raise. The provider noted physical therapy was requested to focus on strength training, increasing range of motion and decreasing pain in the cervical and lumbar spine. Diagnostics included electromyography studies 8-31-2015 revealed possible compression involving peroneal nerves and 9-1-2015 suggestive of cervical radiculopathy. Utilization Review on 9-30-2015 determined non-certification for 12 Sessions of physical therapy 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:

12 Sessions of physical therapy for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

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

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for 12 Sessions of physical therapy for the cervical and lumbar spine. The treating physician report dated 8/6/15 (36B) states, "I request authorization for physical therapy 2 times a week for the next 6 weeks, focusing on the lumbar spine and cervical spine." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show the patient has received prior physical therapy for the cervical or lumbar spine. The patient is status post fusion of the lumbar spine in February 2014 and is no longer within the post-surgical treatment period as established by the MTUS-PSTG. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.