

Case Number:	CM15-0029269		
Date Assigned:	02/23/2015	Date of Injury:	03/23/2006
Decision Date:	04/02/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 71 year old male, who sustained an industrial injury on 3/23/06. He has reported pain in the back and head after being hit by a car as a maintenance worker. The diagnoses have included lumbar degenerative disc disease (DDD), cervical sprain and internal derangement of acromioclavicular joint bilateral. Treatment to date has included medications, physical therapy, and conservative measures. Currently, the injured worker complains of continued neck and back pain. He states that the pain is relieved with rest and topical analgesics and the back symptoms increase with sitting for over an hour at a time. The x-rays of the lumbosacral spine dated 12/11/14 revealed compression fracture, cervical sprain and status post strain of the lumbar spine associated with lumbar disc bulge and degenerative disc disease (DDD). Physical exam revealed neck has decreased range of motion. The exam of the thoracic and lumbar spine revealed tenderness bilaterally and decreased range of motion. There were no sensory deficits demonstrated. Recommendation was conservative care including physical therapy twice a week for 4 weeks. There were no previous therapy notes documented. On 1/13/15 Utilization Review modified a request for Physical therapy 2 times a week x 4 weeks for the lumbar and cervical spine modified to physical therapy times 2 for Home Exercise Program (HEP) and re-transition noting (MTUS) Medical Treatment Utilization Schedule chronic pain citation, physical medicine was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 for the lumbar and cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a 6-visit trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation that the patient has undergone physical therapy previously. Unfortunately, the request exceeds the 6-visit trial recommended by the CA MTUS and, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.