

Case Number:	CM15-0032528		
Date Assigned:	02/26/2015	Date of Injury:	04/19/2014
Decision Date:	04/17/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/20/2015

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 52-year-old female patient, who sustained an industrial injury on 4/19/2014. She reported injuring her spine when she was pinned against a fence by her car. The diagnoses have included cervical disc displacement without myelopathy and pain in joint, pelvis and thigh. Per the note dated 1/28/14, patient had not any physical therapy for the low back. According to the progress report dated 2/5/2015 and 1/8/2015, she had complaints of chronic neck, back and right hip pain at 9/10 without medications at 2/10 with medications. She complained that her neck pain was causing headaches and that she had numbness and tingling down the left upper extremity with sharp, stabbing pain in the left upper extremity. She had back pain that radiated up to her mid back and also down to her right anterior thigh and hamstring muscles. Physical examination revealed thoracic spine - tenderness to palpation around the T7 and T8 thoracic paraspinal muscles, decreased sensation in T7 and T8 dermatomes on the left side; lumbar spine revealed mild tenderness to palpation at the lumbosacral junction, decreased range of motion in extension and bilateral rotation, decreased light touch sensation in the right lateral thigh; 5/5 strength and negative straight leg raising bilaterally. The current medications list includes nabumetone, orphenadrine, pantoprazole and Tramadol APAP. She has had cervical MRI on 7/26/2014 which revealed degenerative disc disease at C5-6, cervical X-rays on 6/14/14 and a cervical spine CT scan. Her surgical history includes cholecystectomy and bilateral carpal tunnel release. She has had an unspecified numbers of physical therapy visits for this injury. Authorization was requested for 12 sessions of physical therapy for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Physical therapy Guidelines-Lumbago Backache, unspecified.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Request: Physical therapy 2 times a week for 6 weeks. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers 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. 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 2 times a week for 6 weeks is not established for this patient at this time.