

Case Number:	CM15-0038906		
Date Assigned:	03/09/2015	Date of Injury:	05/21/2014
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 female sustained a blunt trauma industrial injury on 5/21/14, with subsequent ongoing back and neck pain. Magnetic resonance imaging cervical spine (5/21/14) showed mild right C5-6 disc herniation with severe canal stenosis and foraminal stenosis. Magnetic resonance imaging lumbar spine (8/18/14) showed anterolisthesis at L3-4, annular tear at L405 and facet arthropathy at L3-4, L4-5 and L5-S1. Treatment included chiropractic therapy and medications. In a PR-2 dated 1/12/15, the injured worker complained of ongoing low back and neck pain. Physical exam was remarkable for tenderness to palpation on the left side of the low back that worsened with range of motion. The injured worker walked without an antalgic gait and could heel and toe walk without difficulty. The physician noted that the injured worker had received no previous acupuncture and how many of chiropractic session she had attended. The treatment plan included physical therapy twice a week for four weeks. The UR found the request for Physical therapy 2x4 non-certify citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4: Upheld

Claims Administrator 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 and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical therapy Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate an initial trial of six visits was authorized but it is unclear how many sessions the patient has completed and what were the results. As such, the request for Physical therapy 2x4 is not medically necessary.