

Case Number:	CM15-0055194		
Date Assigned:	03/30/2015	Date of Injury:	11/17/2011
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 23 year old female, who sustained an industrial injury on 11/17/11. She has reported injury after a co-worker backed a vehicle into her causing her to fly up in the air and fall to the ground with injury to wrist and entire body pain. The diagnoses have included neck sprain/strain, lumbar sprain/ strain, and injury to the lumbar nerve root. Treatment to date has included medications, physical therapy, exercise, bracing, acupuncture and diagnostics. The Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 8/2/13. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography was done on 1/13/15. Currently, as per the physician progress note dated 2/9/15, the injured worker complains of pain in the neck, upper back, lumbar spine and right wrist. The pain is relieved with massage, stretching and icy hot cream, rest, and lying flat. The pain is aggravated with certain activities and looking down, sitting and standing. Physical exam revealed cervical spine tenderness and decreased range of motion. The lumbar spine revealed decreased range of motion. The physician progress note dated 2/9/15 revealed she was complaining of upper back and neck pain. The physical exam of the cervical and lumbar spine was unchanged. The physician requested treatment includes 12 Physical Therapy Visits 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 Physical Therapy Visits for the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Online Edition, Chapter: Neck and Upper Back (Acute & Chronic) and Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

MAXIMUS 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) Low Back Section, Neck Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy to the cervical spine and lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical sprain; lumbar sprain and strain; and injury to the lumbar nerve root. A progress note dated February 9, 2015 states the injured worker received approximately 20 physical therapy sessions, no trigger point injections and no epidural steroid injections. The documentation indicates the injured worker received 20 prior physical therapy visits. Additionally, the injured worker received chiropractic treatment and acupuncture treatment. There is no documentation with prior physical therapy, progress notes or evidence of objective functional improvement from prior physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement, 12 sessions physical therapy to the cervical spine and lumbar spine is not medically necessary.