

Case Number:	CM15-0055637		
Date Assigned:	03/30/2015	Date of Injury:	08/18/2014
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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 37 year old male who sustained a work related injury on August 18, 2014, incurred neck and back injuries after a motor vehicle accident. He was diagnosed with neck sprain and lumbar sprain. Treatment included physical therapy, muscle relaxants, and anti-inflammatory drugs. Currently, in March 2015, the injured worker complained of ongoing neck and back pain. The treatment plan that was requested for authorization included continued physical therapy of 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:

Continued Physical Therapy, twice weekly for 3 weeks, Cervical and Lumbar Spine QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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) Neck Section, Low Back Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the cervical 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are neck sprain/strain and lumbar strain/sprain. The documentation in the medical record is unclear as the exact number of previous physical therapy sessions the injured worker received. A progress note states as of November 26, 2014 indicates the injured worker was presenting for physical therapy visit #14. A second progress note dated February 6, 2015 states the injured worker is presenting for physical therapy session #14. A progress note dated March 9, 2015 (the most recent progress note) states the injured worker has a VAS pain scale of 5/10. There is no mention of prior physical therapy and the injured worker is working with restrictions. There is no documentation of objective functional improvement from prior physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement (from extensive prior physical therapy) with the total number of physical therapy sessions to date, physical therapy two times per week times three weeks to the cervical and lumbar spine is not medically necessary.