

Case Number:	CM14-0114806		
Date Assigned:	08/04/2014	Date of Injury:	09/27/2012
Decision Date:	10/08/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an injured worker with chronic neck and back pain. Date of injury was 09-27-2012. Progress report dated 07-23-2014 documented subjective complaints of severe neck and low back pain. Objective findings included neck and back tenderness, positive spinal provocation tests, and decreased range of motion. Diagnoses were cervical spine and lumbar spine strain and radiculitis. Treatment plan include epidural steroid injections. Norco was prescribed. MRI of the cervical and lumbar spine performed on 7/31/13 demonstrated spinal abnormalities. Primary treating physician's report dated July 8, 2014 documented the request for physical therapy times eight sessions to the cervical and lumbar spine. The patient's injury occurred on September 27, 2012 while working as a driver. As he was outside of his truck, his truck was suddenly hit on the front driver side by a passenger car. Due to the force of the impact, the truck jerked sideways, and the side of the sweeping truck as well as the side climbing step struck his legs. This pushed him back, causing him to fall on his back, onto the sidewalk. The patient has undergone 12 sessions of physical therapy from June 13, 2013 through July 30, 2013, approximately one year ago with good functional improvement. The physical therapist did a reassessment after the completion of 12 visits of physical therapy on July 30, 2013. There was improvement in lumbar flexion, extension, and lateral bending. There was improvement in activities of daily living. The patient's pain level was reduced. Improved range of motion, decreased pain levels, increased activities of daily living, and functional improvement were demonstrated. Utilization review determination date was 07-01-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X Wk X 4 Wks for Cervical and Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT) Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Physical therapy (PT)

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Official Disability Guidelines (ODG) provides physical therapy (PT) physical medicine treatment guidelines. For neck and back sprains and strains, 10 physical therapy visits are recommended. Medical records documented objective physical examination and MRI findings. The patient reported severe neck and back pain. Epidural steroid injections were recommended. Norco (Hydrocodone/Acetaminophen) was prescribed. Physical therapy performed one year ago generated functional improvement. Currently the patient's neck and back conditions have been aggravated and require further treatment. The medical records support the medical necessity of eight sessions of physical therapy. Therefore, the request for Physical Therapy twice weekly for 4 weeks for Cervical and Lumbar Spine is medically necessary.