

Case Number:	CM14-0141342		
Date Assigned:	09/10/2014	Date of Injury:	09/27/2001
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 55-year-old female who reported an injury on 09/27/2001. The mechanism of injury was not provided. On 07/30/2014, the injured worker presented with chronic low back pain and left leg pain. The injured worker is status post fusion at the L4-5 and L5-S1 level. Current medications included Ambien, Lorzone, Mirapex, MS-Contin, Norco, Zanaflex, Tena Flex. The diagnoses were postlaminectomy syndrome of the cervical region, lumbago, injury to the lumbar nerve root, thoracolumbosacral neuritis/radiculitis unspecified, degeneration of the lumbar/lumbosacral intervertebral discs, and postlaminectomy syndrome of the lumbar region. Physical examination was not noted. The provider recommended 12 physical therapy sessions to the cervical spine and Ambien 10 mg with a quantity of 30. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the cervical spine, 3 times per week for 4 weeks as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/cervical> and thoracic spine; table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders

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

Decision rationale: The request for physical therapy 12 sessions for the cervical spine 3 times a week for 4 weeks as an outpatient is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior courses of physical therapy as well as the efficacy of the prior courses of therapy. The guidelines recommend 10 visits of physical therapy over 4 weeks. The provider's request for 12 physical therapy sessions exceeds the guideline recommendations. Additionally, the amount of physical therapy visits the injured worker underwent was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.