

Case Number:	CM14-0089516		
Date Assigned:	09/19/2014	Date of Injury:	12/13/2013
Decision Date:	11/18/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 a 38 year old male who was injured on 12/13/2013 when he was struck by another vehicle sustaining injuries to his back and neck. He has been treated conservatively with 10 sessions of physical therapy, chiropractic care and TENS unit. His medication history included Tramadol- Acetaminophen 37.5-325 mg, Naprosyn, and Flexeril. Diagnostic studies reviewed include MRI lumbar spine without contrast impressions lumbar spondylosis of L4-L5 and L5-Sacroiliac joint discs at L4-L5, 3 mm posterior osteophyte disc complex prominent laterally there is mild narrowing of inferior recess of neural foramen bilaterally. Progress report dated 7/21/2014 indicates the patient presented with complaints of daily constant neck pain extending to the top of the shoulder bilaterally. He rated his pain 1-3/10 on the VAS (visual analog scale) scale and he continues to have daily, constant low back pain with burning. He also described left lower extremity tingling with associated numbness. He rated his pain 5-8/10 on the visual analog scale. On examination of the cervical spine and upper extremities, there was no gross deformity and no appreciable swelling or gross atrophy of the paracervical muscles. The lordosis is well maintained and there was no evidence of tilt or torticollis. There was tenderness to palpation in the cervical paravertebral and across the trapezius bilaterally and sensory examination was intact bilaterally. The lumbar spine and lower extremities examination revealed mild tenderness to palpation in the lumbar paravertebral. His sensation was decreased over the left L3, L4, L5, and S1 dermatome distributions. Straight leg raise is negative; motor power examination is within normal limit and knee and ankle reflexes 2+ right and left. The patient was diagnosed with C5-6 disc degeneration, L4-5 annular tear and intermittent left leg radiculopathy and was recommended for six sessions of physical therapy to the cervical spine/lumbar spine. Prior utilization review dated May 20, 2014 indicated the request for 6 Sessions of Physical therapy is denied as the medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174-175; 288, 299, 301.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Physical Therapy is recommended for both a passive portion for acute short-term relief and active methods to maintain improvement levels. Guidelines require documentation of objective improvements with previous treatments, functional deficits, functional goals, and a statement identifying why an independent home exercise plan program would be insufficient. In this case, the supporting documentation indicated a considerable amount of physical therapy and no explanation of why a home exercise plan would not be beneficial for further recovery to support the necessity of this request. Therefore, it is not medically necessary.