

Case Number:	CM14-0009926		
Date Assigned:	04/04/2014	Date of Injury:	11/03/2004
Decision Date:	03/13/2015	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/27/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 54 year old female, who sustained an industrial injury on 11/3/2004. She has reported pain in the low back with tingling and numbness radiating to the right lower extremity, cervical spine was painful upon palpation and neck pain, worse with turning and was diagnosed with lumbar radiculopathy, sprain/strain of the sacroiliac joint, bursitis of the hip and degenerative disc disease of the cervical spine. Treatment to date has included radiographic imaging, diagnostic studies, pain injection, pain medication and physical therapy. Currently, the IW complains of neck, cervical spine, low back and right lower extremity pain subjectively, greatly decreasing the ability to perform activities of daily living. The injured worker presented with ongoing neck, back and right lower extremity pain. Magnetic resonance imaging on March 22, 2013 revealed cervical spondyloarthropathy, with borderline retrolisthesis, mild spinal cord or root impingement and multilevel lumbar degenerative changes. There was a subjective mention of improvement with physical therapy however no physical therapy documentation of efficacy was provided. It was noted the IW continued to have the described pain. no efficacy of the prescribed pain medications was noted. On January 20, 2014, Utilization Review non-certified a request for 8 cervical and lumbar physical therapy visits, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 22, 2014, the injured worker submitted an application for IMR for review of 8 cervical and lumbar physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) PHYSICAL THERAPY SESSIONS FOR CERVICAL AND LUMBAR:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: The patient presents with pain in the low back with tingling and numbness radiating to the right lower extremity, cervical spine was painful upon palpation and neck pain, worse with turning and was diagnosed with lumbar radiculopathy, sprain/strain of the sacroiliac joint, bursitis of the hip and degenerative disc disease of the cervical spine. The current request is for Eight (8) Physical Therapy sessions for cervical and lumbar spine. The treating physician states "[the] patient needs a supervised therapy program for functional restoration" Patient is going through a flare-up of symptoms at this time. Treatment protocol is being adjusted to stabilize the condition and allow return to baseline functioning. [19 D] The MTUS guidelines state that physical therapy is recommended 8-10 sessions for myalgia and neuritis type symptoms. In this case, there is no documentation of a recent surgery that would require physical therapy treatment. The patient has received 24 PT session since August of 2013 and there is no documentation of a new injury or diagnosis that requires care above and beyond the recommended 8-10 sessions. The current request is not medically necessary and the recommendation is for denial.