

Case Number:	CM15-0102803		
Date Assigned:	06/05/2015	Date of Injury:	10/03/2014
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/28/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 10/3/2014. She reported pain in her neck, mid back, lower back and left arm. Diagnoses have included acute cervical and lumbosacral spine sprain, acute thoracic-dorsal spine sprain, radiculopathy of the bilateral upper extremities and bilateral lower extremities and contusion of left forearm.

Treatment to date has included physical therapy and medication. According to the progress report dated 4/8/2015, the injured worker complained of decreased low back and thoracic spine pain. Physical therapy was noted to be effective. Cervical spine pain persisted. Headaches were decreased. Objective findings revealed cervical spine pain with motion. The injured worker was temporarily totally disabled and has completed 12 sessions of physical therapy. Authorization was requested for an additional 12 physical therapy visits for 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:

Physical Therapy 12 visits cervical spine, lumbosacral spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Neck/Low Back - Physical Therapy.

Decision rationale: MTUS Guidelines recommend a limited amount of physical therapy for long term musculoskeletal conditions. The Guideline recommendation is for 8-10 sessions of hands on therapy. There is no evidence that additional hands on therapy is beneficial for spinal pain as the goal is to motivate an individual to remain active and develop a self motivated rehab program. MTUS Guidelines are consistent with ODG guidelines, which recommend up to 10 sessions of hands on therapy as adequate for spinal pain. There are no unusual circumstances to justify an exception to Guidelines. The request for an additional 12 sessions of physical therapy for the cervical and lumbar spine are not supported by Guidelines and are not medically necessary.