

Case Number:	CM15-0017235		
Date Assigned:	02/05/2015	Date of Injury:	03/23/2009
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old male/female, who sustained a work/ industrial injury on 3/23/09. He has reported symptoms of ongoing neck, mid back and low back pain. Prior medical history was not documented. The diagnoses have included cervical spine stenosis and thoracic disc herniation. Surgery included cervical spine fusion (8/22/14) as well as T12-L1 laminectomy and discectomy Treatment to date has included medication and physical therapy. Examination revealed weakness in the right leg, healed incisions of cervical and thoracic spine, and right leg radicular symptoms. The right foot drop and weakness in the right foot persisted. Spasms and pain in the neck persisted. The bilateral leg burning was less. There was some progress and therapy was helping. Motor strength was 5/5 to the upper extremities and left lower extremity. Bilateral extremity strength was 5-/5 to 5/5. Physical therapy was requested for the cervical, thoracic, and lumbar spine. On 1/20/15, Utilization Review non-certified Physical Therapy 2 x week x 4 weeks to the cervical, thoracic, and lumbar spine, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines, Physical Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 cervical, thoracic, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: Physical therapy 2 x 4 cervical, thoracic, lumbar spine is not medically necessary per the MTUS Guidelines. The guidelines recommend transition to an independent home exercise program. The documentation indicates that the patient has had post operative therapy. The precise amount of therapy that the patient has had for each level (cervical, thoracic and lumbar) is not clear. The documentation is not clear on the efficacy and total amount of prior therapy with no evidence of objective measurements of functional improvement from prior therapy visits. Without clarification of this information additional therapy cannot be certified and therefore the request is not medically necessary.