

Case Number:	CM15-0033410		
Date Assigned:	02/26/2015	Date of Injury:	03/27/2012
Decision Date:	04/13/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 is a 60-year-old female, who sustained an industrial injury on 3/29/12. She has reported neck and back injury. The diagnoses have included cervical spine sprain/strain and lumbar spine sprain/strain with radiculopathy. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of intermittent moderate low back and neck pain. Physical exam noted restricted range of motion of cervical spine, tenderness to palpation and spasms about the lumbar paravertebral musculature with restricted range of motion due to pain. On 2/6/15 Utilization Review, non-certified physical therapy, noting the additional 8 sessions, exceed the guideline recommendations and there is no information describing the number of previous visits or objective functional improvement. The MTUS, ACOEM Guidelines, was cited. On 2/18/15, the injured worker submitted an application for IMR for review of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the neck and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The patient presents with unrated lower back pain, which has, been 25 percent improved by recent course of physical therapy. The patient's date of injury is 03/27/12. Patient has no documented surgical history directed at this complaint. The request is for physical therapy 2x4 for the neck and lower back. The RFA was not provided. Physical examination dated 01/05/15 reveals tenderness to palpation of the cervical paraspinal muscles and restricted range of motion. Lumbar examination reveals tenderness to palpation of the lumbar paraspinal muscles, palpable lumbar muscle spasms, positive straight leg raise on the right at 60 degrees, and decreased sensation to the L4-L5 dermatome distribution. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Treater is requesting 8 sessions of physical therapy for the management of this patient's continuing lower back pain and cervical pain. Progress report date 01/05/15 documents a 25 percent reduction in pain attributed to physical therapy, though the documentation provided does not include a number of sessions completed to date or dates of treatment. Without a clearer picture of the number of sessions completed or a rationale as to why this patient is unable to perform home-based therapy, guideline compliance and medical necessity of additional sessions cannot be established. Therefore, the request is not medically necessary.