

Case Number:	CM15-0040686		
Date Assigned:	03/10/2015	Date of Injury:	09/05/2014
Decision Date:	06/26/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 female who sustained a work related injury on September 5, 2014, incurring psychological injuries, back pain, foot pain, headaches, carpal tunnel and anxiety. She was diagnosed with anxiety, lumbosacral sprain and strain and tenosynovitis of the hand and wrist. Treatment included trigger injections to her back, stress classes, psychotherapy, and physical therapy. Currently, the injured worker complained of numbness in her lower back, stiffness and neck spasms. An authorization was requested for physical therapy for her lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine 2 times per week for 6 weeks: 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 Therapy Page(s): 98 - 99.

Decision rationale: According to the attach medical record the injured employee has not had a previous treatment with physical therapy however this had only includes massage and other modalities and no apparent active exercise for the cervical or lumbar spine. There was also no instruction on home exercise program. The progress note dated January 12, 2015 includes complaints of cervical and low back pain as well as physical examination findings of stiffness, spasms, and decreased range of motion of the spine. However, the California MTUS guidelines recommends up to 9 to 10 visits of physical therapy followed by a home exercise program for the injured employee's condition. As this request is for 12 initial visits without any justification to deviate from the guidelines, this request is not medically necessary.

Physical therapy cervical spine 2 times per week for 6 weeks: 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 Therapy Page(s): 98 - 99.

Decision rationale: According to the attach medical record the injured employee has not had a previous treatment with physical therapy however this had only includes massage and other modalities and no apparent active exercise for the cervical or lumbar spine. There was also no instruction on home exercise program. The progress note dated January 12, 2015 includes complaints of cervical and low back pain as well as physical examination findings of stiffness, spasms, and decreased range of motion of the spine. However, the California MTUS guidelines recommends up to 9 to 10 visits of physical therapy followed by a home exercise program for the injured employee's condition. As this request is for 12 initial visits without any justification to deviate from the guidelines, this request is not medically necessary.