

Case Number:	CM15-0063334		
Date Assigned:	04/10/2015	Date of Injury:	11/12/2013
Decision Date:	05/08/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	04/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 35 year old female, who sustained an industrial injury on November 12, 2013. She reported a display mirror weighing 80-100 pounds fell, striking her head and pushing her into lockers. The injured worker was diagnosed as having syndrome post concussion, sprain/strain of neck, and sprain/strain of lumbar region. Treatment to date has included chiropractic treatments, acupuncture, physical therapy, cervical, brain, and lumbar MRIs, and medication. Currently, the injured worker complains of headaches, nausea, and difficulty with concentration, depression, neck pain, and low back pain. The Treating Physician's report dated February 17, 2015, noted a MRI of the brain dated January 28, 2014, was noted to show a single 4mm subcortical white matter hyperintense lesion in the left posterior frontal lobe. A cervical spine MRI dated December 29, 2014, was noted to show mild disc/protrusion at C5-C6 and C6-C7. A lumbar spine MRI dated December 29, 2014, was noted to show endplate edema at L5-S1 suggested motion segment instability, disc degeneration, dehydrated, and mildly narrowed with right eccentric 3mm protrusion, a moderate narrowing of the right neural foraminal outlet, with a significant annular tear, left eccentric herniation at L4-L5 with crowding of the subarticular gutter, and minor fissuring and foraminal bulging at L3-L4 without significant mass effect. The injured worker's current medications were listed as Sumatriptan Succinate-Imitrex, Ondansetron, Ativan, Escitalopram-Lexapro, and Norco. The injured worker was noted to have continued mild tenderness over the posterior cervical paraspinal muscles, tenderness over both hips laterally, and significant tenderness to palpation over the lower lumbar paraspinal muscles with spasms in the region. The Physician requested authorization of the prescribed medication Norco, and eight

physical therapy sessions for the neck/lower back pain. An appeal letter dated March 3, 2015 indicates that the patient underwent 12 sessions of physical therapy and was told by physical therapy that "additional PT would be helpful." The note goes on to state that the previous physical therapy was helpful in moderately reducing her pain in the neck and lower back and she is interested in continuing. The note goes on to state that the patient has been diagnosed with sprain/strain of the lumbar spine and has been experiencing a significant flare up. Physical examination findings revealed tenderness to palpation. The goals of therapy include "improving core strengthening, functional improvement, and development of a self-directed home exercise program." The requesting physician cites ODG guidelines, which support 10 visits of therapy for the diagnosis of lumbar sprain/strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, eight sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it appears the patient has previously undergone physical therapy. The requesting physician has identified moderate improvement in pain. However, there is no documentation of objective functional improvement from those sessions. Additionally, the requesting physician has included treatment goals including core strengthening, functional improvement, and instruction in a home exercise program. However, there is no identification of a core strength deficit, any other functional deficits, or any indication that the patient was not previously instructed a home exercise program during the last round of physical therapy. Furthermore, the request exceeds the amount of PT recommended by ODG (8 visits) and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.