

Case Number:	CM15-0074151		
Date Assigned:	04/24/2015	Date of Injury:	10/25/2011
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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, Hawaii
 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 43 year old female, who sustained an industrial injury on 10/25/2011. The initial complaints or symptoms included injury to the left foot and ribs followed by neck and low back pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, 24 sessions of physical therapy, psychological evaluation, and multiple lumbar epidural steroid injections. Currently, the injured worker complains of continued, (but improved) lumbar spine pain rated 2-9/10 status post previous lumbar epidural steroid injection on 10/15/2014. Several documents within the submitted medical records are difficult to decipher. The diagnoses include cervical disc displacement, lumbar/lumbosacral disc degeneration, and sprain of the foot. The request for authorization consisted of 6 sessions of physical therapy for the lumbar and cervical spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per week x 3 weeks for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Lumbar & Thoracic; Neck and Upper Back, Physical Therapy.

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

Decision rationale: The patient presents with pain affecting the cervical and lumbar spine. The current request is for Physical Therapy 2 x per week x 3 weeks for the Lumbar and Cervical Spine. The reviewing physician has documented that the patient has completed 24 visits of physical therapy and is not in the post-surgical state. The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy. In this case, the reviewing physician has documented that the patient is doing home exercises and there is no documentation of any recent surgery, flare-up, new injury or new diagnosis that would require additional physical therapy. Additionally, this request would exceed the maximum amount of visits per the MTUS guidelines. The current request is not medically necessary.