

Case Number:	CM15-0093214		
Date Assigned:	05/19/2015	Date of Injury:	02/25/2015
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/14/2015

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: Massachusetts

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 41 year old female who sustained an industrial injury on 02/25/2015 when she slipped and fell on a wet surface. The injured worker was diagnosed with cervical sprain/strain and lumbosacral sprain. Diagnostic testing to date includes lumbar spine magnetic resonance imaging (MRI) on March 31, 2015 which demonstrated L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 with a 2 mm concentric disc bulging which indents the thecal sac at each level, mild desiccation and degenerative changes of the lumbar spine. A cervical spine magnetic resonance imaging (MRI) performed on March 20, 2015 demonstrated C4-5 and C5-6 disc protrusion with associated left foraminal stenosis. Treatment plan to date included conservative measures, modified activities and work restrictions, physical therapy (10 sessions) and medications. According to the primary treating physician's progress report on April 13, 2015, the injured worker continues to experience lower back and neck pain and feels 45% improved. The injured worker denied any radiation of pain, numbness and tingling and weakness to the extremities. Examination of the cervical spine noted paracervical and trapezius muscle tenderness with mild spasm and diminished range of motion. There was no loss of cervical lordosis, no stiffness, negative cervical compression test and distraction test and no muscle weakness. The lumbar spine demonstrated mild tenderness of the paravertebral muscles with negative Patrick's and negative extensor hallucis longus muscle. There was no weakness to the lower extremities with flexion of the fingertips to mid-tibia and extension 20/30 degrees. Motor, sensory and deep tendon reflexes were within normal limits. Current medications are listed as Vyvanse and Ibuprofen. Treatment plan consists of continuing with conservative measures and modified duty,

transfer care to orthopedics and the current request for additional physical therapy twice a week for 3 weeks to the neck/lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the neck/lumbar/hip and spine (3 x 2): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Neck and Upper Back (Acute & Chronic), physical therapy (3) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in February 2015 and continues to be treated for neck and low back pain. Treatments have included 10 sessions. When seen, there had been improvement. She was having nonradiating symptoms. Physical examination findings included decreased range of motion and muscle tenderness. An additional 6 therapy sessions was requested. Guidelines recommend up to 10 therapy treatments over 8 weeks for the claimant's condition. In this case, the claimant has already had an appropriate course of skilled therapy. The number of additional visits requested is in excess of that recommended or that would be needed to finalize a home exercise program. The request is not medically necessary.