

Case Number:	CM14-0107073		
Date Assigned:	08/01/2014	Date of Injury:	12/10/2013
Decision Date:	11/25/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/10/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 44 year old female, who sustained an industrial injury on 12-10-13. The injured worker was diagnosed as having lumbago; cervicgia. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 5-14-14 indicated the injured worker presented to the office as a follow-up of physical therapy and TENS unit both are reported as "helping her". Objective: "Motor 5 out of 5; Sensory intact". Diagnosis is noted as lumbago and cervicgia. The provider documents his treatment plan as "1) I spoke to peer reviewer. The patient is in physical therapy for her lumbar spine. I believe that she is also need physical therapy for her cervical to help her mobilize her neck and strengthen the region. The patient has had her initial evaluation for the lumbar with physical therapist which was authorized and she has yet to begin therapy. I would ask that the cervical body part be added to that authorization for the lumbar physical therapy that way the patient can have both body parts treated at the same time. I request the additional of the cervical to the authorization. 2) She is about to get another injection from [another provider]." A procedure note dated 6-24-14 indicated the injured worker had a "Bilateral L4-L5 facet joint injection under fluoroscopy". Physical therapy notes were submitted and indicate lumbar spine therapy decreased pain with "STM and exercises and patient tolerated treatment well" as well as use of other modalities. A Request for Authorization is dated 6-24-14. A Utilization Review letter is dated 6-20-14 and modified the certification for 10 Sessions of additional physical therapy for the cervical spine to allow 6 sessions only. A request for authorization has been received for 10 Sessions of additional physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of additional physical therapy for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: 10 Sessions of additional physical therapy for the cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior cervical PT. The patient should be transitioning to an independent home exercise program. Although the patient was approved 6 prior visits and may benefit from up to 10 total sessions for the neck there are no extenuating factors which would necessitate 10 more supervised therapy visits of additional PT for the cervical spine therefore this request is not medically necessary.