

Case Number:	CM13-0015845		
Date Assigned:	10/09/2013	Date of Injury:	08/01/2007
Decision Date:	01/28/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 08/01/2007. The diagnosis is multilevel cervical stenosis with a multilevel myeloradiculopathy. At the time of this treatment request, the patient was under consideration for an anterior cervical discectomy and fusion. The treating physician recommended treatment to include physical therapy before surgery. The medical records indicate this patient has received extensive physical therapy over the years since the injury. An initial physician review concluded that this request for therapy was excessive considering the patient's past treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) for lumbar and cervical spine- 18 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on physical medicine, recommends, "Allow for fading of treatment frequency plus active self-directed home physical medicine." In this chronic case, the patient would have been expected to have

transitioned by now to an independent home rehabilitation program. The medical records and guidelines do not support a rationale as to why additional physical therapy would be indicated in the immediate period prior to an anticipated cervical fusion procedure. Overall the medical records and guidelines do not support a rationale or indication for this treatment request. This request is not medically necessary.