

Case Number:	CM13-0016175		
Date Assigned:	11/06/2013	Date of Injury:	01/25/2013
Decision Date:	02/05/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 25, 2013. Thus far, the applicant has been treated with the following: analgesic medications; at least 10 prior sessions of physical therapy; electrodiagnostic testing of May 16, 2013, notable for chronic denervation in both the cervical and lumbar regions; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. It is unclear whether the applicant's limitations were accommodated or not. In a Utilization Review report of July 31, 2013, the Claims Administrator denied a request for additional physical therapy, citing both MTUS and non-MTUS guidelines. The applicant's attorney later appealed. An earlier note of May 24, 2013 is notable for comments that the applicant reports persistent neck pain radiating to the right arm with low back pain radiating to the left leg. The applicant is reportedly 70% improved since last visit. She has a history of cervical fusion surgery. Left upper extremity strength is scored at 5-/5. Recommendations are made for the applicant to pursue an additional 12 sessions of physical therapy. The applicant's work status was not clearly detailed on this visit; however, an earlier visit of March 15, 2013 is notable for comments that the applicant is off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 2 x per week x 6 weeks, for the cervical and lumbar spine:
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 Guidelines, "Functional improvement" Page(s): 99, 1.

Decision rationale: The 12 sessions being requested would, apart from any prior sessions, represent treatment in excess of the 9- to 10-session course recommended for myalgias and/or myositis of various body parts. It is further noted that the applicant appears to have had 10 prior sessions of treatment over the life of the claim. The fact that the applicant remains off of work and on total temporary disability several months removed from the date of injury implies a lack of functional improvement as defined in the MTUS, despite completion of prior physical therapy. Therefore, the request for an additional 12 sessions of treatment is not certified, on Independent Medical Review.