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| Case Number: | CM13-0027365 | | |
| Date Assigned: | 04/25/2014 | Date of Injury: | 11/16/2007 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 08/19/2013 |
| Priority: | Standard | Application Received: | 09/20/2013 |

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. The expert reviewer is Board Certified in Physical Medicine & 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 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/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 patient is a 41-year-old male with a date of injury of 11/16/2007. The listed diagnoses per [REDACTED] are post lumbar discectomy L4-L5 and L5-S1 on 08/20/2009 with residuals, and post anterior cervical discectomy C3 to C7 on 12/02/2010 with residuals. According to a report dated 07/30/2013 by [REDACTED], the patient presents with neck and low back pain. Physical examination of the cervical spine revealed a decreased range of motion in all planes. There is pain in the paracervical and suprascapular regions which limits motion. Examination of the lumbar spine revealed the patient is able to walk on heels and toes without complaints of pain. Range of motion is normal in all planes but there is pain noted. The treater states, "the patient will be referred to [REDACTED], who is a member of my medical group, for chiropractic/physical therapy for his cervical and lumbar spine." A utilization review dated 08/19/2013 states the request is for 12 physical therapy sessions and referral to a chiropractor.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS (3X4) FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60.

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

Decision rationale: This patient presents with chronic neck and low back pain. The patient is requesting 12 physical therapy sessions for the lumbar spine. For physical medicine, the MTUS Chronic Pain Guidelines recommends 9 to 10 visits over 8 weeks for myalgia and myositis-type symptoms. Medical records reviewed between 02/17/2013 to 07/30/2013 do not discuss any recent physical therapy. The request for 12 sessions exceeds what is recommended by the MTUS Chronic Pain Guidelines. Consequently, the request is not medically necessary and appropriate.

REFERRAL TO CHIROPRACTOR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 on Independent Medical Examinations And Consultations, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation, Page(s): 58-59.

Decision rationale: This patient presents with chronic neck and low back pain. The treater is requesting "referral to chiropractor." The MTUS Chronic Pain Guidelines supports chiropractic treatments and an evaluation with them should be included in the treatments. The treater does not explain what is to be accomplished with a referral. The request is therefore not medically necessary and appropriate.