

Case Number:	CM13-0027430		
Date Assigned:	11/22/2013	Date of Injury:	06/14/2008
Decision Date:	02/11/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/11/2013

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, has a subspecialty in Interventional Spine 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 patient is a 53 year-old, male with date of injury of 6/14/08. The progress report dated 8/12/13 by [REDACTED] shows a displacement of the cervical intervertebral disc without myelopathy and intervertebral disc disorder with myelopathy cervical region. The patient's cervical motion is severely restricted. His range of motion continues to be poor with noted spasms on the left side of the neck. The treatment included Botox injection and a recommendation for physical therapy to regain some range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: The patient had a cervical spine surgery with artificial disc in 2011, which was reported to help with the radicular symptoms, but he continued with axial pain. The patient has been treated with Botox injections, facet blocks, and an RFA. On 8/12/13, [REDACTED]

requested 12 sessions of physical therapy, which utilization review modified to authorize 6 sessions. The physical therapy notes are available for 8/22/13, 8/28/13, 8/26/13, 9/19/13, 9/27/13 and 10/1/13. The patient is not in a postsurgical physical medicine treatment timeframe, therefore the MTUS chronic pain medical treatment guidelines apply. The California MTUS recommends 8-10 sessions of physical therapy for various myalgias and neuralgias. The request for 12 sessions will exceed the MTUS recommendations. The request is not in accordance with MTUS guidelines.