

Case Number:	CM13-0029038		
Date Assigned:	03/03/2014	Date of Injury:	11/22/2011
Decision Date:	12/02/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/24/2013

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 Family Medicine and is licensed to practice in Utah. 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 43 year-old male. The patient's date of injury is 11/22/2011. The mechanism of injury was a fall back into a doorway. The patient has been diagnosed with L4-L5 right upper extremity radiculopathy cervical spine herniation, and lumbar spine disc herniation. The physical exam findings dated August 2, 2013 shows the cervical exam with normal lordosis, no swelling. There is a spasm and tenderness to palpation noted on the right side. The Spurling's test is noted as positive on the right. The lumbar spine is noted as normal lordosis, with spasm and tenderness to palpation of the paraspinal muscles. Straight leg is noted to be positive on the right. The patient's medications have included, but are not limited to, Motrin, Soma, Medrox patches and pain creams. The request is for physical therapy of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back,.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. MTUS guidelines state the following: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2). 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The current request does not specify a specific amount of time or sessions for the therapy requested. According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as requested above, is not indicated as a medical necessity to the patient at this time.