

Case Number:	CM13-0033864		
Date Assigned:	12/18/2013	Date of Injury:	01/27/2002
Decision Date:	06/30/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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 Internal 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 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 63 year old male with chronic lumbar and cervical pain from a workers comp injury in 2002. The records note cervical spine DJD and osteophytes on 9/12/13 . The patient was evaluated by PT on 5/6/14 and back pain was noted to have started in 2001 and has been progressively worse since then. He was noted to have pain and stiffness in the neck and back which at times was ameliorated with PT in the past. He was noted to have a recent flare of his pain and had pain with bending of his neck and back. The pain level was noted to be 6-7/10 and he was noted to have decrease in ROM associated with muscle spasms. The goals of therapy would be to improve AROM and decrease pain and to be independent with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

9 PT FOR CERVICAL AND LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, 99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines chapters on exercise and functional restoration prog.

Decision rationale: The patient has had chronic pain since about 2001 and has already received what appears to be various courses of PT in the past. The patient was seen by PT in May of 2014 and the goal was to reduce pain and increase ROM and make the patient independent with a home exercise program. At this juncture the patient should already be well versed in a home exercise program and various physical modalities such as the application of local heat. At this point another physical therapy program would have little additional to offer. PT by itself is not indicated in the control of chronic pain. In the chronic pain section functional restoration programs and other multidisciplinary approaches to chronic pain have been noted to be successful at times in restoring function and independence. However, these programs are multidisciplinary and include psychological support and therapy, physical and occupational and vocational instruction and treatment and education. Also it was noted in this section that a coordinated program with both aerobic and strengthening modalities with an ongoing exercise program was at times beneficial in increasing independence. In conclusion, in this setting of chronic pain for at least 10 years one additional course of dedicated solely to PT has little to offer and is not medically necessary.