

Case Number:	CM13-0034192		
Date Assigned:	12/06/2013	Date of Injury:	03/25/2009
Decision Date:	02/06/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	10/11/2013

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 Family Medicine and is licensed to practice in Georgia. 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 claimant is a 50 year old man with date of injury of 3/25/2009 when he tripped and fell over a pallet, injuring his low back and neck. His current diagnoses include cervicocranial syndrome, degenerative disease of cervical discs, posttraumatic stress disorder and low back pain. His chronic pain is currently treated with Soma, Biofreeze, Lyrica and Tramadol. He has been treated in the past with chiropractic manipulation, biofeedback and physical therapy. He received 10 physical therapy sessions a few months prior to the current physical therapy request and the medical record states that he reported no improvement in pain with those treatment sessions or with the home exercise program implemented after those sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X2 X6 for Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The CA MTUS section of treatment of chronic pain allows for physical therapy to be used with clearly defined treatment goals and frequent assessments of whether these goals are being met. Such physical therapy should allow for fading treatment frequency. The claimant has already had recent physical therapy treatment and the medical record clearly states that he had no improvement in pain with the treatment. There is no documentation in the record of substantial change in the claimant's pain or of any requested alterations to physical therapy prescription to justify why an additional trial of physical therapy should be expected to provide any benefit in this case. Physical therapy 2 x 6 is not medically indicated.