

Case Number:	CM13-0040172		
Date Assigned:	04/23/2014	Date of Injury:	11/02/2011
Decision Date:	11/12/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/09/2013

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 and Rehabilitation and Pain Management, 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 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 56 years old female with an injury date on 11/02/2011. Based on the 08/24/2014 progress report provided by [REDACTED], the diagnosis is:1. C5-C7 disc herniation with foraminal stenosis and mechanical axial neck pain and radiculopathy. According to this report, the patient complains of cervical and lumbar pain. The pain is described as "very severe pain, frequently very sharp, shooting, and disabling." Neck pain is a 7-8/10, low back pain is a 7-8/10, and mid back pain is a 7-8/10. Bending, lifting, twisting, prolonged standing, prolonged sitting, and walking exacerbate the pain. Physical exam reveals a decreased cervical range of motion. There were no other significant findings noted on this report. The utilization review denied the request on 09/13/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 01/12/2013 to 09/12/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 FOR NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 08/24/2014 report by [REDACTED] this patient presents with cervical and lumbar pain. The treater is requesting 12 sessions of physical therapy for the neck. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of physical therapy report dated 05/03/2014 shows the patient "has attended 11 visits" and "has response well, suspect good compliance with prescribed ex. program." In this case, given that the patient has had 11 sessions recently, the requested 12 additional sessions exceed what is allowed per MTUS. MTUS recommends transitioning into home program. The request is not medically necessary and appropriate.