

Case Number:	CM13-0041202		
Date Assigned:	12/20/2013	Date of Injury:	02/06/2013
Decision Date:	05/21/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/11/2013

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 Practice, has a subspecialty in Pain Management 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:

A 34 yr. old female claimant sustained a work injury on 2/6/13 resulting involving the neck and low back. The claimant has the following diagnoses: cervical, thoracic and lumbar strains. She has used topical analgesics, oral muscle relaxants , Tylenol and Tramadol. An MRI on 4/11/13 showed cervical and lumbar disc bulging as well as an annular tear at L4-L5. She had undergone physical therapy soon after the injury to improve her function and pain. She had completed 12 sessions of therapy by May 2013. An exam note on 8/28/13 indicated the claimant had continued pain in the cervical and lumbar regions. There were no exam details. A request was made for an additional 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE NECK/LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): pg. 130.

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

Decision rationale: The Expert Reviewer's decision rationale: In this case, the claimant had sprains with no indication of neuralgia or RSD. She had completed 12 sessions of therapy. As per the guidelines, additional therapy can be completed at home. Furthermore, the documentation does not support reason for additional therapy based on any objective findings. The request for additional therapy is not medically necessary.