

Case Number:	CM13-0044482		
Date Assigned:	12/27/2013	Date of Injury:	09/16/2013
Decision Date:	02/21/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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:

Male claimant sustained an injury on 9/16/13 which resulted in neck pain. Prior treatments included epidural steroid injections which alleviated 70% of the pain. Prior improvement was also noted with acupuncture. An examination report on 1/2/14 has noted limited range of motion of the cervical spine, and a positive Spurling's test on the right. The claimant has completed over 12 treatments of therapy with some improvement and a request was made for an additional 6 treatments of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional physical therapy of the thoracic spine, three times per week for two weeks, as outpatient: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: According to the Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, physical therapy is recommended for 1 -2 visits for education and counseling and evaluation for home exercise. In this case, there is no indication that therapy

cannot be completed at home. A request for 6 treatments is beyond what is recommended. The request for six additional physical therapy of the thoracic spine, three times per week for two weeks, as outpatient, is not medically necessary or appropriate.