

Case Number:	CM13-0064276		
Date Assigned:	01/03/2014	Date of Injury:	01/08/2002
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 53-year-old who reported an injury on January 8, 2002. The mechanism of injury reported was not provided in the medical records. The surgical history noted was a C5-6 and C6-7 anterior cervical discectomy and interbody fusion, status post posterior cervical spinal fusion with no date noted in the medical records provided. The patient has had physical therapy since her surgery and is noted to have helped in the past. No lists of medications or conservative treatment are listed in the medical records provided. There was no documentation of objective deficits with the previous therapy provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends a maximum duration of eight weeks for physical therapy. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care,

exacerbation of symptoms, and in those patients with comorbidities. Treatment beyond 4-6 visits should be documented with objective improvement in function for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The documentation provided did not show an objective functional improvement with therapy. The patient at this point should have a well versed home exercise program in place. The lack of objective functional deficits for the treatments would exceed the guidelines recommendations. The request for twelve sessions for physical therapy is not medically necessary or appropriate.

A NEW PAIN MANAGEMENT DOCTOR REFERRAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Section Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The clinical record dated July 25, 2013, noted that the patient was not happy with the experience at the Doctor's office she went to. The request for a new pain doctor referral is not medically necessary or appropriate.