

Case Number:	CM13-0068043		
Date Assigned:	05/09/2014	Date of Injury:	09/19/2011
Decision Date:	06/12/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 & Emergency Medicine and is licensed to practice in Florida. 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:

This patient reported a date of injury of 09/19/11. A progress report associated with the request for services, dated 11/07/13, identified subjective complaints of 9/10 back pain that limits driving. Objective findings included decreased range-of-motion of the cervical spine. Motor and sensory function was not specified. Diagnoses included thoracic disc disease with radiculopathy; cervical radiculopathy; facet syndrome; and low back pain. Treatment has included a cervical epidural injection in October of 2013. He is on an anti-seizure agent, antidepressant, and NSAID. A Utilization Review determination was rendered on 12/10/13 recommending non-certification of "physical/occupational evaluation and therapy 6-8 sessions".

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL/OCCUPATIONAL EVALUATION AND THERAPY 6-8 SESSIONS:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98,99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Physical Therapy.

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for neck strain, 10 visits over 8 weeks are recommended. For cervical disc disease and radiculopathy, 10-12 visits over 8 weeks. The non-certification was based upon physical therapy "in the past" without notation of benefit. The records presented do not indicate previous physical therapy, dates or outcomes. The claimant is participating in a home exercise program. 6-8 sessions are within the Guidelines. Therefore, the request for physical/occupational evaluation and therapy 6-8 sessions is medically necessary and appropriate.