

Case Number:	CM13-0070648		
Date Assigned:	01/08/2014	Date of Injury:	12/04/2003
Decision Date:	04/09/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine & Rehabilitation, 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 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:

This is a 51 year-old male who was injured on 12/4/2003. He has been diagnosed with back sprain/strain and nonallopathic lesions of the cervical and thoracic region. According to the 11/18/13 chiropractic report, he presents with left arm tingling in hand, achy neck and low back pain. The chiropractor requests continued PT 2x/month for 2 months. On 12/12/13 UR denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) Sessions of Physiotherapy for the cervical spine, between 12/10/2013 and 1/24/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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

Decision rationale: The Physician Reviewer's decision rationale: The patient is reported to have a back sprain and some non-allopathic lesion in the neck and thoracic spine. The chiropractor is

requesting PT 2x/month for 2 months. The records show the patient has had 13 sessions of chiropractic/ "physiotherapy" from 3/1/13 through 11/18/13. MTUS recommends 8-10 sessions of PT for various myalgias or neuralgias, but when combined with the 13 prior visits, the request for 4 additional visits continues to exceed the MTUS guidelines. MTUS for chiropractic care states maintenance care is not medically necessary. The request for 4 sessions of PT or physiotherapy is not in accordance with MTUS guidelines.