

Case Number:	CM14-0002297		
Date Assigned:	01/24/2014	Date of Injury:	02/22/2012
Decision Date:	07/24/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational 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 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 29 year old male. The patient sustained a injury do to a 10 ft fall off of a ladder. The patient has developed chronic cervical and lumbar pain. MRI studies have not revealed any central or nerve root stenosis. He has been treated with oral analgesics and extensive physical therapy. An initial course of therapy soon after the injury was documented to help a little, however there was no documented improvement in function of pain complaints. Subsequently to the initial course of physical therapy an additional 23 sessions of therapy are reported to have been completed in mid to late '13. Again, there were no improvements reported in function or pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF PHYSICAL THERAPY 2X4 FOR CERVICAL SPINE: Upheld

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

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

Decision rationale: The patient has previously had extensive therapy without a change in his condition. There are no changes in circumstances that would justify another course of 8 sessions

of therapy i.e. surgery. California MTUS Guidelines recommended between 8-10 initial sessions for chronic pain disorders. The patient has significantly exceeded the recommended extent of physical therapy without benefit. The patient should be well versed in a home exercise program and self protective behaviors. There are no exceptional circumstances to exceed Guideline recommendations.