

Case Number:	CM14-0005234		
Date Assigned:	06/13/2014	Date of Injury:	01/19/2006
Decision Date:	07/15/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Nevada. 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 injured worker is a 58 year old male whose date of injury is 01/19/2006. On this date an elevator suddenly dropped causing him to hit his head and back on the wall. Visit note dated 02/06/14 indicates that the injured worker complains of increased pain in the neck that radiates to the upper and lower back. He has tried physical therapy and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. There is a well-healed scar over his cervical spine going down to T4 from his fusion performed on 01/10/13. Diagnoses are cervical spondylosis with myelopathy, sprains and strains of lumbar region, sciatica and abnormality of gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS FOR THE CERVICAL SPINE: 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 Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for 12 physical therapy sessions for the cervical spine is not recommended as medically necessary. The injured worker underwent cervical surgery in January 2013 and has completed extensive postoperative

physical therapy. California Medical Treatment Utilization Schedule Guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. The injured worker has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. The request is not medically necessary.