

Case Number:	CM14-0005946		
Date Assigned:	02/07/2014	Date of Injury:	10/14/2011
Decision Date:	06/20/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/15/2014

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 Orthopaedic Surgery 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 injured worker is a 52-year-old female who was injured in October 2011. The mechanism of injury not specified. A pain management consultation was not certified in the pre-authorization process. The listed diagnosis was cervical disc disease and brachial neuritis. Past treatment has included physical therapy and the injured employee was discharged from that care. Chiropractic care has also been delivered. There are ongoing complaints of neck and back pain (5/10). The treatment has included multiple conservative interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE CERVICAL AND LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: When considering the date of injury, the injury sustained, the treatment already completed, and the most current physical examination findings reviewed, tempered by the treatment plan parameters note within the Medical Treatment Utilization Schedule (MTUS)

guidelines, there is insufficient clinical data presented to support the request for additional physical therapy after the amount of therapy already delivered. Due to the lack of clinical support, the request is not medically necessary and appropriate.

PAIN MANAGEMENT CONSULTATION FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CONSULTATION Page(s): 1.

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

Decision rationale: When considering the treatment already delivered for the diagnosis listed, as well as the parameters noted in the Medical Treatment Utilization Schedule (MTUS) guidelines, the care indicated is transition to a home-based, self-directed exercise protocol emphasizing overall fitness and conditioning. No formal care is clinically required. There is no objective basis presented to support this request. As such, the request is not certified.