

Case Number:	CM14-0102185		
Date Assigned:	07/30/2014	Date of Injury:	07/02/2013
Decision Date:	10/02/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and 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 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 37-year old male with an injury date of 07/02/13. The 04/07/14 progress report by [REDACTED] states that the patient presents with pain rated 5/10 in the lumbar spine and 6/10 in the cervical spine. The patient denies radicular symptoms. The patient is noted to be working with modified duties. No examination was noted on this handwritten partially illegible report. The patient's diagnoses include: 1. cervical cervicothoracic sprain/strain 2. Headaches 3. Lumbar sprain strain 4. Sleep disturbance The physician requests for 6 physical therapy visits for the cervical lumbar spine. The utilization review being challenged is dated 06/09/14. Treatment reports from 02/21/14 to 06/12/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy Visits for Cervical/ Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

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

Decision rationale: The patient presents with pain in the lumbar and cervical spine. The physician requests for 6 physical therapy visits for the cervical/lumbar spine. The 04/07/14 report notes that the patient is to begin physical therapy the next week. MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The 06/02/14 physical therapy report states the patient's last evaluation was completed 04/10/14 and 12 visits had been attended. In this case, the physician does not explain why more therapy is needed, nor is there discussion regarding transition to a home program. Furthermore, the 6 sessions requested in addition to the 12 sessions provided between 04/10/14 and 06/10/14 exceeds what is allowed per MTUS. Therefore, 6 Physical Therapy Visits for Cervical/ Lumbar Spine is not medically necessary.