

Case Number:	CM14-0010732		
Date Assigned:	02/21/2014	Date of Injury:	04/28/2007
Decision Date:	07/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/27/2014

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 Tennessee. 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:

This is a 61-year-old male patient with a 4/28/07 date of injury. He injured himself while lifting a heavy box. He slipped and fell backward injuring his neck and lower back. A 1/16/14 progress report indicated that the patient had 2 neck surgeries in 4/2011 and 6/2011. He continued to have pain in the neck, 7/10 to 8/10, as well as difficulties with swallowing. Physical exam revealed that his motor and sensory examination was within normal ranges. There was bilaterally diminished deep tendon reflexes. X-ray dated 04/27/11 demonstrated anterior interbody fusion at C3-4 and C6-7 with no gross motion on flexion/extension. MRI of the lumbar spine dated on 5/31/11 and 6/1/11 demonstrated small disc protrusion at L4-5 and L5-S1. Diagnostic Impression: status post C3-4 and C6-7 anterior cervical discectomy and fusion, lumbar spondylosis and dysphagia. Treatment to date: medication management and physical therapy. There is documentation of a previous 1/15/14 adverse determination, based on the fact that there was no documentation supporting any objective findings for additional physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy x 8 visits - neck-back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. However, there was no documentation of previous physical therapy notes. It was unclear how long the patient had physical therapy sessions. In addition there was no documentation of functional gains or pain relief from the prior physical therapy sessions. It was unclear why the patient has not been able transition successfully to a home exercise program. Therefore, the request for physical therapy x 8 visits - neck-back is not medically necessary.