

Case Number:	CM14-0012781		
Date Assigned:	04/09/2014	Date of Injury:	01/18/2013
Decision Date:	05/27/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/31/2014

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:

This is a 66 year-old male who was injured on 1/18/13. He has been diagnosed with neck pain and varying degrees of cervical stenosis without cord compression. A physical therapy note from 12/12/13 requested 8 additional sessions, and a prior physical therapy note from 10/31/13 also requested 8 physical therapy sessions. The medical report that requests the pain management consultation and additional physical therapy was not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CONSULTATION AND TREATMENT WITH PAIN SPECIALIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: The patient presents with chronic neck pain. [REDACTED] is an orthopedic surgeon, so the request for a pain management specialist appears appropriate, as the

ACOEM states that a referral can be made to other specialists when the plan or course of care may benefit from additional expertise. As such, the request is medically necessary.

EIGHT SESSIONS OF PHYSICAL THERAPY 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 Page(s): 98-99.

Decision rationale: The patient presents with neck pain. There is a physical therapy note dated 9/4/13 requesting physical therapy twice a week for four weeks, and another physical therapy visit noted dated 10/16/13 requesting 8 sessions. There are also physical therapy notes dated 10/31/13 and 12/12/13. The MTUS does allow for up to 8-10 sessions of physical therapy for various myalgias and neuralgias, but when combined with the prior physical therapy, the request for eight additional sessions will exceed the MTUS recommendations. As such, the request is not medically necessary.