

Case Number:	CM14-0111513		
Date Assigned:	08/01/2014	Date of Injury:	11/20/2008
Decision Date:	11/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 61-year-old male with date of injury of 11/20/2008. The listed diagnoses per [REDACTED] from 11/13/2013 are: Lumbar IVD displacement without myelopathy, Rotator cuff (capsule) sprain/strain and Epicondylitis of the medial elbow. According to this handwritten report, the patient complains of low back pain that is intermittent to frequent. The objective findings show lumbar flexion at 80 degrees, lumbar spinous pain upon palpation. No other findings were noted on this report. The documents only include the report from 11/13/2013. The utilization review denied the request on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x a week x 5 weeks, Cervical 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 (ODG) Online Version: Upper Back

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99.

Decision rationale: This patient presents with low back pain. The provider is requesting 10 physical therapy visits for the cervical spine. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The records do not show any physical therapy reports to verify how many treatments the patient has received and with what results. The utilization review denied the request stating that the patient has "completed eight PT sessions three months ago with improvement." The UR further states that specific functional measurements have not been provided to objectively document the patient's current deficits. Aside from the 11/13/2013 report, no other PR2 reports were made available for review. There are no cervical spine examination to determine the patient's current complaints and deficits. In this case, given that the patient has received some 8 physical therapy sessions 3 months ago, the requested 10 sessions would exceed MTUS Guidelines. The patient should be able to transition into a self-directed home exercise program to improve strength and range of motion. Therefore, this request is not medically necessary.