

Case Number:	CM14-0132101		
Date Assigned:	08/22/2014	Date of Injury:	12/04/2013
Decision Date:	10/01/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 45-year-old female was reportedly injured on December 4, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 18, 2014, indicates that there are ongoing complaints of neck pain and lower back pain. Pain is rated at 10/10. The physical examination demonstrated tenderness along the cervical and lumbar spine with full range of motion. There was a normal upper extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes acupuncture, physical therapy, and oral medications. A request had been made for 18 sessions of physical therapy for the cervical and lumbar spine and was not certified in the pre-authorization process on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar and cervical spine, 3 times a week for 6 weeks, totaling 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy, August 4, 2014.

Decision rationale: The Official Disability Guidelines recommends 10 visits of physical therapy for sprains and strains of both the cervical and lumbar spine. A review of the attach medical record does not indicate why additional physical therapy is needed for the injured employee. The most recent physical examination reveals full range of motion of both the cervical and lumbar spine and a normal neurological examination. As such, this request for additional physical therapy three times a week for six weeks for the cervical and lumbar spine is not medically necessary.