

Case Number:	CM14-0159979		
Date Assigned:	10/03/2014	Date of Injury:	01/07/2004
Decision Date:	11/18/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 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 57 year old male with an injury date on 01/07/2004. Based on the 08/29/2014 progress report provided by [REDACTED], the diagnoses are postoperative cervical fusion with C7 radiculopathy and postoperative lumbar fusion. According to this report, the patient complains of neck pain with radiation to the bilateral shoulders. Per treating physician, the patient "continues to do physical therapy which improves his symptoms." Physical exam reveals moderate discomfort on palpation over the midcervical spine. Motor strength of the left upper extremity is a 4/5. There were no other significant findings noted on this report. The utilization review denied the request on 09/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/22/2014 to 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x/week x 8 weeks, lumbar: 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 Physical medicine, Pain Outcomes and Endpoints Page(s): 8, 98-99.

Decision rationale: According to the 08/29/2014 report by [REDACTED] this patient presents with neck pain with radiation to the bilateral shoulders. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of records indicates the patient has had physical therapy recently "which improves his symptoms;" number of sessions unknown. However, no therapy reports were provided nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the physician provide monitoring of the patient's progress and make appropriate recommendations. In this case, the requested 16 sessions exceed what MTUS recommend. MTUS allows only 9-10 sessions for this type of condition, recommendation is for denial.