

Case Number:	CM14-0167577		
Date Assigned:	10/14/2014	Date of Injury:	09/09/2004
Decision Date:	12/03/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/09/2014

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 Occupational Medicine 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 45 year-old female with date of injury 09/09/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/10/2014, lists subjective complaints as pain in the neck and low back. MRI of the cervical and lumbar spine performed on 03/19/2010 was notable for no evidence of central canal or neural foraminal narrowing and no interval change compared to prior study. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles and restricted range of motion. Positive Spurling's. Decreased sensation was noted along the C6-7 dermatomes. Examination of the lumbar spine revealed tenderness to palpation and decreased range of motion with spasm. Diagnosis: 1. Sprain, neck 2. Cervical spondylosis with myelopathy 3. Sprain, lumbar region. Original review modified treatment request from 12 sessions of physical therapy to 6 sessions. Patient received physical therapy for the neck and low back at the time of injury in 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x6 Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement. Therefore, the request is not medically necessary.