

Case Number:	CM14-0185539		
Date Assigned:	11/13/2014	Date of Injury:	03/01/2007
Decision Date:	12/31/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/07/2014

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 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 underlying date of injury in this case is 03/01/2007. The date of the utilization review under appeal is 10/17/2014. On 09/15/2014, an initial comprehensive primary treating physician report reviewed this injured worker's history of a cervical sprain with possible herniated nucleus pulposus and history of lumbar spine surgery as well as possible lower extremity radiculitis and possible umbilical hernia. The treatment plan included multiple compounded medications, x-rays of the cervical and lumbar spine, a TENS unit, and also a course of physical therapy and acupuncture for the cervical and lumbar spine three times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Cervical 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 Page(s): 99.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommend transition to an active independent home rehabilitation program. This is a chronic case dating back to 2007. The

treating physician has requested a new course of physical therapy. However, it is unclear how this would differ from past physical therapy or why at this time there is an indication for additional physical therapy rather than independent home rehabilitation. This request is not supported by the treatment guidelines. This request is not medically necessary.