

Case Number:	CM14-0024630		
Date Assigned:	06/11/2014	Date of Injury:	11/11/2013
Decision Date:	07/15/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/26/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 38 year old male who reported an injury on 11/11/2013 due to cumulative trauma. On 01/30/2014 he reported throbbing headaches rated at a 5/10, burning radicular neck pain rated at a 7-8/10 with numbness and tingling of both arms, and sharp stabbing low back pain rated at an 8-9/10 with numbness and tingling of the bilateral lower extremities. Physical examination revealed decreased sensation and motor strength in bilateral upper extremities and decreased sensation and motor strength in bilateral lower extremities. Diagnoses included headaches, cervical disc displacement, cervical spine radiculopathy, lumbar disc displacement, and lumbar spine radiculopathy. The injured worker was noted to be attending physical therapy and acupuncture 3 times a week for 6 weeks. The request for authorization form was signed on 01/30/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 8 SESSIONS FOR THE CERVICAL AND LUMBAR SPINE:

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): 98-99.

Decision rationale: The request for 8 sessions of physical therapy for the cervical and lumbar spine is non-certified. The injured worker was noted to be attending physical therapy 3 times a week for 6 weeks. Per California MTUS, physical medicine guidelines are as follows: for myalgia and myositis unspecified 9-10 visits over 8 weeks is recommended, for neuralgia, neuritis, and radiculitis unspecified 8-10 visits over 4 weeks is recommended. The injured worker had already attended 24 physical therapy visits. The request for 8 additional visits exceeds recommended guidelines. Furthermore, the documentation provided is lacking evidence of improvement with physical therapy to warrant the necessity of additional sessions.