

Case Number:	CM14-0029747		
Date Assigned:	06/16/2014	Date of Injury:	05/20/2012
Decision Date:	07/21/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/07/2014

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, 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 31 year old male with an injury date of 5/20/12. Based on the 2/14/14 progress report provided by [REDACTED], the patient complains of lumbar spine pain, rating it a 3/10 on the pain scale. The patient's diagnoses include cervicalgia, unspecified myalgia and myositis, and chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 6 VISITS NECK: 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 Page(s): 98-99.

Decision rationale: Although the MTUS guidelines state that 9-10 physical therapy visits are allowed for myalgia and myositis over 8 weeks, and 8-10 visits are allowed for neuralgia, neuritis, and radiculitis, the patient's treatment history is not known. The 5/31/13 report states that the patient should be approximately halfway through his physical therapy. It appears that the patient has had some physical therapy; however, there is no indication of what effect the physical

therapy had on the patient, and there is not an exact number given as to how many sessions the patient completed. As such, the request is not medically necessary.