

Case Number:	CM14-0036789		
Date Assigned:	06/25/2014	Date of Injury:	01/23/2014
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 44 year old female with an injury date on 01/23/2014. Based on the 03/05/2014 progress report provided by [REDACTED], the patient presents with diffuse pain of the neck, the middle of the back, and lower back. The diagnoses are: Residual cervical, thoracic and lumbar strain. Exam on 03/05/2014 showed, mild diffuse tenderness, no spasm at the cervical spine, thoracic spine, and lumbar. Cervical and lumbar range of motion is generally unrestricted. Per 03/14/2014 report, the patient has return to work with no limitations or restrictions. [REDACTED] is requesting 6 sessions of physical therapy for the cervical, thoracic and lumbar spine. The utilization review determination being challenged is dated 03/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/24/2014 to 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines/ Physical Therapy Guidelines.

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

Decision rationale: This patient presents with diffuse pain of the neck and is improving. The treater has asked 6 sessions of physical therapy for the cervical spine on 03/05/2014. Review of the report shows, the patient has had 8 sessions of physical therapy from 02/01/2014 to 03/05/2014. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. The treater does not mention why additional therapy is needed other than to continue therapy based on the patient's complaints. The patient is improving and should be able to transition into a home exercise program. Given that the patient already had adequate therapy, recommendation is for denial.

Physical therapy x 6 for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines/ Physical Therapy Guidelines.

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

Decision rationale: This patient presents with diffuse pain of the mid back and is improving. The treater has asked 6 sessions of physical therapy for the thoracic spine on 03/05/2014. Review of the report shows, the patient has had 8 sessions of physical therapy from 02/01/2014 to 03/05/2014. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. The treater does not mention why additional therapy is needed other than to continue therapy based on the patient's complaints. The patient is improving and should be able to transition into a home exercise program. Given that the patient already had adequate therapy, the request is not medically necessary.

Physical therapy x 6 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines/ Physical Therapy Guidelines.

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

Decision rationale: This patient presents with diffuse pain of the lower back and is improving. The treater has asked 6 sessions of physical therapy for the lumbar spine on 03/05/2014. Review of the report shows, the patient has had 8 sessions of physical therapy from 02/01/2014 to 03/05/2014. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. The treater does not mention why additional therapy is needed other than to continue therapy based on the patient's complaints. The patient is improving and should be able to transition into a home exercise program. Given that the patient already had adequate therapy, the request is not medically necessary.