

Case Number:	CM14-0038297		
Date Assigned:	06/25/2014	Date of Injury:	02/05/2001
Decision Date:	07/29/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	04/01/2014

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 02/05/2001. This patient has a longstanding history of chronic pain syndrome with an underlying failed back surgery syndrome from a lumbar disc displacement, and cervical disc displacement. A request for authorization of 02/14/2014 requests physical therapy with the rationale that the patient needs 8 sessions of physical therapy in order to minimize pain and increase activity. A report of 06/17/2014 outlines complaints of neck and upper back pain radiating into the left periscapular area and left upper extremity, with the plan for continued physical therapy, daily activities and continued use of Tylenol and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Low Back (updated 02/13/14), ODG Neck & Upper Back (updated 12/16/13).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend to allow for fading of treatment frequency plus active self-directed home physical medicine. The treating

guidelines would anticipate that this patient would have transitioned to an independent home rehabilitation program long ago. The medical records do not provide a rationale at this time to support an indication for additional supervised treatment rather than independent home rehabilitation. This request is not medically necessary.