

Case Number:	CM14-0039783		
Date Assigned:	06/27/2014	Date of Injury:	04/27/2001
Decision Date:	08/13/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/04/2014

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 53 year old with an injury date on 4/27/01. Patient complains of exacerbated neck pain, but lower back pain has remained along with lower extremity numbness/tingling/weakness per 2/10/14. Patient's level of pain has remained the same since last visit, but her neck pain increases with prolonged sitting, standing, driving per report on 2/10/14. Patient wishes to continue with conservative treatment per 2/10/14 report. Based on the 2/10/14 progress report provided by [REDACTED] the diagnoses are: 1. intractable cervical pain with radiculopathy 2. chronic lumbar pain with radiculopathy 3. depression and anxiety Exam on 2/10/14 showed limited range of motion of the C-spine is noted with spasm and tenderness of the cervical spine and paraspinous/paravertebral. Decreased range of motion of the L-spine is noted with decreased tenderness. [REDACTED] is requesting physical therapy 2x5 cervical spine and lumbar spine. The utilization review determination being challenged is dated 3/24/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/3/13 to 3/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X5 CERVICAL SPINE & LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98, 99.

Decision rationale: This patient presents with lower back pain, lower extremity numbness/tingling/weakness, and neck pain. The treater has asked for physical therapy 2x5 cervical spine and lumbar spine on 2/10/14. Review of the report shows no therapy notes or discussion regarding the patient's treatment history. Regarding therapy treatments, MTUS guidelines allows for 8-10 sessions for various myalgias and neuralgias. In this case, the treating physician has asked for 10 sessions of physical therapy stating that the patient would like to continue conservative care. The treating physician does not explain what this conservative care entailed. There is no discussion as to how the patient has responded to prior therapy or how much treatments were received. There is no documentation of functional decline, new injury or significant change in clinical presentation to warrant additional therapy. Therefore, the request is not medically necessary.