

Case Number:	CM14-0043043		
Date Assigned:	07/11/2014	Date of Injury:	01/25/1996
Decision Date:	08/21/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Practice 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:

This injured worker's date of injury is 01/25/1996. This patient receives treatment for chronic neck and back pain. The patient underwent cervical spinal fusion surgery at C1 - C2 and a laminectomy in the lumbar spine years ago. Medications taken include: cyclobenzaprine, Voltaren, Ultracet, and Elavil. Cervical spine x-rays taken on 01/21/2014 show no evidence of instability in the region of the surgery. The treating physician's outpatient treatment note dated 03/12/2014 states that the neck exam reveals there is very guarded neck motion with pain at the extremes of motion. Motor examination in the upper extremities is normal. SLR (straight leg raise) exam is negative up to 70 degrees. Motor exam in the lower extremities is normal. The patient received a trigger point injection in the right paralumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) x 12 visits for the neck and back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: This patient has chronic neck and back pain, despite neck and back surgery, which date back to an industrial injury in 1996. This request is for physical therapy of the neck and lower back. Chronic Pain Medical Treatment Guidelines call for physical therapy to be faded and then to be followed by an active home exercise program. There is no documentation of any new injury or functional limitation that specifically warrants a new referral to physical therapy. The request for physical therapy at this time is not medically indicated.