

Case Number:	CM14-0058834		
Date Assigned:	07/09/2014	Date of Injury:	02/17/2012
Decision Date:	09/22/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/29/2014

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 & 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 43 year-old female with the date of injury of 02/17/2012. The patient presents with pain in her neck and low back, left side worse than right. Her neck pain radiates down her arms and her low back pain radiates down her legs. The range of neck or lumbar motion is limited in all directions. The patient presents gluteal and trochanteric tenderness. X-rays of the cervical spine and lumbar spine from 12/10/2013 reveals that there is consistent with narrowing of the disc space at the L5-S1 level and no abnormality in the cervical spine. According to Dr. [REDACTED] report on 03/25/2014, diagnostic impressions are: 1) Cervicalgia 2) Lumbago, low back pain 3) Chronic pain syndrome 4) Sciatica 5) Degeneration of cervical intervertebral 6) Degeneration of lumbar disc The utilization review determination being challenged is dated on 04/03/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 12/10/2013 to 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2-3 x 6-8 weeks (18 sessions) - Neck and Back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, 298-299, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with pain in her neck and lower back from an auto vehicle accident. The request is for 18 sessions of physical therapy for neck and back. Dr. [REDACTED] report on 12/10/2013 indicates that the patient has had 4 or 5 sessions of therapy in the past. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The treater has asked for therapy but does not discuss treatment history or what can be accomplished with additional therapy. Furthermore, the current request for 12 sessions combined 4 or 5 already received exceed what is recommended per MTUS guidelines as initial therapy, given no indication of any recent surgery. The request is not medically necessary.