

Case Number:	CM14-0064352		
Date Assigned:	07/11/2014	Date of Injury:	10/10/2009
Decision Date:	09/10/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational Medicine 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 63 year-old male with date of injury of 10/10/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/09/2014, lists subjective complaints as pain in the neck and low back with associated numbness and tingling, and radicular symptoms to the lower extremities bilaterally. Objective findings: An examination of the cervical spine revealed restricted range of motion with flexion 50 and extension to 30 degrees. An examination of the lumbar spine revealed restricted range of motion with flexion limited to 35 degrees and extension limited to 10 degrees secondary to pain. Tenderness to palpation was noted over the paravertebral musculature. On sensory examination, light touch sensation was decreased over the lateral calf on the right side. Straight leg test was positive bilaterally. Diagnosis: 1. Brachial neuritis or radiculitis 2. Thoracic or lumbosacral neuritis or radiculitis 3. Sprain and strain of thoracic region. The patient has undergone 28 sessions of chiropractic therapy. There is no recent documentation of physical therapy or acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58.

Decision rationale: Therapeutic physical therapy for the low back is recommended as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The request is for 8 visits, which is more than his recommended as a trial. Therefore this request is not medically necessary.