

Case Number:	CM14-0069556		
Date Assigned:	07/14/2014	Date of Injury:	11/22/2006
Decision Date:	08/14/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 54 years old male with an injury date on 11/22/2006. Based on the 04/14/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post anterior/posterior cervical fusion C6-C7 9(2008 and May of 2013)2. Probable adjacent level disease C5-C6 with left upper extremity radiculopathy.3. Lumbar facet arthrosis L4 through S1. According to this report, the patient complains of ongoing neck, shoulders, lower back, and right lower extremity pain. The patient rated the left shoulder pain at a 7/10. The neck and low back pain are overall better. Lumbar range of motion is restricted with tenderness at the lumbosacral junction. There were no other significant findings noted on this report. The utilization review denied the request on 05/06/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/14/2013 to 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back.

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

Decision rationale: According to the 04/14/2014 report by [REDACTED] this patient presents with ongoing neck, shoulders, lower back, and right lower extremity pain. The treating physician is requesting 12 sessions of physical therapy. The UR denial letter that there is no current information from the treating physician, on any exacerbation to support the current need for further physician therapy. Regarding neuralgia, neuritis, and radiculitis type condition, California Medical Treatment Utilization Schedule (MTUS) guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. In this case, if the patient did not have any recent therapy, a short course may be warranted but the requested 12 sessions exceed what is allowed by the MTUS guidelines. The treating physician also does not discuss the patient's treatment history, what has been successful and what has not. It is not known what additional therapy will accomplish at this juncture and why a home exercise would not be adequate. The requested treatment is not medically necessary and appropriate.