

Case Number:	CM14-0072116		
Date Assigned:	07/16/2014	Date of Injury:	05/13/2004
Decision Date:	10/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/19/2014

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 and Pain Management, 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 years old male with an injury date on 05/13/2004. Based on the 04/15/2014 hand written progress report provided by [REDACTED], the patient complains of continued Low Back Pain (LBP) with right lower extremity radiculitis. Tenderness to palpation is noted at lumbar spine and positive SNR at the right lower extremity. The diagnosis was not included in the report. The 04/09/2013 report reveals mild tenderness at the lumbar region. The diagnoses are: 1. Lumbar facet arthropathy/discopathy with right lower extremity radiculitis 2. Internal derangement right knee There were no other significant findings noted on this report. The utilization review denied the request on 05/12/2014. [REDACTED] is the requesting provider, and he provided treatment report dates 01/08/2013 to 04/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy visits for the cervical spine 2 x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: According to the 04/15/2014 report by [REDACTED] this patient presents with continued Low Back Pain (LBP) with right lower extremity pain. The treating physician is requesting 12 sessions of physical therapy for the cervical spine. However, there were no mentions of the cervical spine in the report provided. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show no therapy reports and there is no discussion regarding the patient's progress. The treating physician does not discuss the patient's neck condition at all. MTUS page 8 requires that the treating physician provide monitoring of the patient's progress and make appropriate recommendations. Furthermore, requested of 12 sessions of therapy exceeds MTUS guidelines. The request is not medically necessary and appropriate.