

Case Number:	CM14-0091387		
Date Assigned:	07/25/2014	Date of Injury:	03/11/2011
Decision Date:	09/08/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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 case involves a 52 year-old female with a 3/11/11 date of injury. The available reports for include psychological reports from [REDACTED] 5/31/13 to 11/1/13, and some pain management reports from [REDACTED] and [REDACTED] from 2/11/14-4/29/14. According to the 4/29/14 report from [REDACTED], the patient had 9/10 pain in the neck radiating to the right upper extremity and low back pain radiating down both legs. Medications bring the pain to 7/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 weeks (12) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary last updated 03/31/2014 best practice physical therapy guidelines.

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

Decision rationale: The report with the request is not provided for review. There is no indication that the patient is within any postsurgical physical medicine treatment timeframe, so it appears

that the MTUS Chronic Pain Medical Treatment Guidelines apply. The MTUS states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. The request for 12 sessions will exceed the MTUS recommendations. As such, the request is not medically necessary.