

Case Number:	CM14-0094060		
Date Assigned:	07/25/2014	Date of Injury:	12/30/2010
Decision Date:	08/28/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 underlying date of injury in this case is 12/30/2010. No physician office notes have been provided as part of this independent medical review request. An initial physician review on 05/27/2014 discusses a progress note of 04/17/2014 where the patient complained of cervical, right ankle, and low back pain. The initial reviewer noted that the records did not provide a rationale as to why the patient required supervised rather than independent rehabilitation at this time. That initial review also noted that the guidelines have not been met to document neurological progression supportive of the need for lumbar MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) for cervical spine: 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 Physical medicine Page(s): 98.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical medicine, page 98, recommends physical medicine treatment with active exercise specific to a given patient's

clinical condition. There are no physician office notes available at this time. Without such information it is not possible to find a guideline in support of an indication for physical therapy. Therefore, this request is not medically necessary.

Physical Therapy (PT) for the lumbar spine: 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 Physical medicine Page(s): 98.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical medicine, page 98, recommends physical medicine treatment with active exercise specific to a given patient's clinical condition. There are no physician office notes available at this time. Without such information it is not possible to find a guideline in support of an indication for physical therapy. Therefore, this request is not medically necessary.

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: ACOEM Guidelines, Chapter 12, Low Back, page 309, recommends MRI imaging when there are specific red flag factors identified on history or exam. There are no physician office notes of any nature available for review at this time. Without such information it is not possible to apply a treatment guideline in support of a lumbar MRI. This request is not medically necessary.