

Case Number:	CM13-0050056		
Date Assigned:	04/25/2014	Date of Injury:	03/01/2013
Decision Date:	05/06/2015	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 43-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 1, 2013. In a Utilization Review report dated November 5, 2013, the claims administrator failed to approve a request for eight sessions of physical therapy. An RFA form received on October 29, 2013 was referenced in the determination. The applicant's attorney subsequently appealed. On October 14, 2013, the applicant reported ongoing complaints of neck and low back pain. The applicant had reinjured himself in another motor vehicle accident of October 6, 2013, it was stated. Manipulative therapy had proven unsuccessful. The applicant was on over-the-counter Motrin for pain relief. The applicant discontinued previously provided prescription analgesics, it was suggested. Full lumbar range of motion was appreciated, despite pain. The applicant exhibited a normal gait and well-preserved, 5/5 lower extremity motor function. A rather permissive 35-pound lifting limitation, Motrin, Flexeril, and physical therapy were proposed. It was suggested that the applicant's employer would be able to accommodate the rather permissive 35-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR CERVICAL AND LUMBAR SPINE: 8 VISITS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

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

Decision rationale: Yes, the request for eight sessions of physical therapy for the cervical and lumbar spine was medically necessary, medically appropriate, and indicated here. The eight-session course of therapy proposed was compatible with the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. While the applicant may have had a prior course of physical therapy earlier in the claim, it did not appear that the applicant had had treatment since a non-industrial motor vehicle accident several weeks prior to the date of the request. The applicant had seemingly responded favorably to earlier treatment as evinced by his successful return to modified duty work with a rather permissive 35-pound lifting limitation in place. Additional treatment was, thus, indicated to combat the applicant's worsened neck and back pain associated with his non-industrial motor vehicle accident (MVA). Therefore, the request was medically necessary.