

Case Number:	CM14-0164671		
Date Assigned:	10/09/2014	Date of Injury:	11/23/2013
Decision Date:	02/25/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 11/23/2013. This patient's diagnoses include cervical intervertebral disc displacement and lumbar sprain. The date of the utilization review under appeal is 09/18/2014. On 09/03/2014, the patient's treating orthopedic surgeon submitted a handwritten PR-2 report. That form contains somewhat limited clinical information and appears to discuss cervical and lumbar pain as well as intermittent right shoulder pain with limited forward flexion in the spine. The patient was noted to be status post a lumbar epidural injection. Treatment plans included continued tramadol, Prilosec, and Flexeril as well as physical therapy to the low back and a continued home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends transition to an independent active home rehabilitation program. The medical records in this case do not provide a rationale as to why this patient would require additional supervised therapy rather than independent home rehabilitation. This request is not medically necessary.