

Case Number:	CM14-0176823		
Date Assigned:	10/30/2014	Date of Injury:	10/01/2013
Decision Date:	04/20/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 38 year old male, who sustained an industrial injury on October 1, 2013. The initial symptoms reported by the injured worker were not included in the medical record. The injured worker was diagnosed as having cervical spine sprain/strain, cervical radiculopathy, lumbar spine sprain/strain and bilateral foot pain. Treatment to date has included medications and chiropractic treatment. On September 24, 2014, the injured worker complained of burning, radicular neck pain. The pain was described as constant and moderate to severe. He rated the pain as a 7 on a 1-10 pain scale. The pain is aggravated by prolonged positioning including sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs and stooping. The pain is also aggravated by activities of daily living. His medications offer him temporary relief of pain and improve his ability to have restful sleep. His pain is also alleviated with activity restrictions. The treatment plan included medications, a recommendation to undergo a course of physical therapy and acupuncture treatment and a recommendation for Terocine patches for pain relief. A recommendation was also made for the injured worker to see a podiatrist regarding his foot pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3xWk x 6 Wks for the cervical and lumbar spine: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/lower extremities. The request is for 18 sessions of physical therapy for the cervical and lumbar spine. The patient's work status is unknown. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. In this case, it is not known whether the patient has had physical therapy in the past. The treater does not explain why physical therapy is being requested. The treater does indicate that the patient continues to have pain in his neck and lower back with restricted range of motion. It may be reasonable to provide a short-course of physical therapy to address the patient's pain but the current request for 18 sessions exceeds the MTUS recommendations. The request IS NOT medically necessary.