

Case Number:	CM14-0178077		
Date Assigned:	10/31/2014	Date of Injury:	10/01/2013
Decision Date:	05/08/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/27/2014

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: Family Practice

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 40-year-old male who reported an injury on 10/01/2013. The documentation of 08/20/2014 revealed the injured worker had radicular neck pain that was burning. The injured worker had burning low back pain. The injured worker had tenderness to palpation in the occiputs, trapezius, sternocleidomastoid, and levator scapula muscles. The injured worker had decreased range of motion of the cervical spine. Sensation was pinprick and light touch was slightly diminished over C5-T1 bilaterally in the upper extremities. Motor strength was 4/5. The physical examination of the lumbar spine revealed tenderness in the lumbar paraspinal muscles and over the lumbosacral junction. The injured worker had decreased range of motion of the lumbar spine. Sensation was slightly decreased to pinprick and light touch at L4, L5, and S1 dermatomes. Motor strength was 4/5 in the bilateral lower extremities. The diagnosis included lumbar spine sprain and strain, cervical radiculopathy, and cervical spine sprain and strain. The recommendation was made for a course of physical therapy and acupuncture for the affected body parts 3 times a week x6 weeks. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x week x 6 weeks Cervical and Lumbar Spine: 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): 98, 99.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 sessions for myalgia and radiculitis. The clinical documentation submitted for review failed to provide prior therapies. There was a lack of documentation indicating a necessity for 18 sessions of therapy, which exceeds guideline recommendations. There was a lack of documentation of the objective functional deficits to support the necessity for therapy. Given the above, the request for Physical Therapy 3 x week x 6 weeks Cervical and Lumbar Spine is not medically necessary.