

Case Number:	CM14-0187736		
Date Assigned:	11/17/2014	Date of Injury:	04/26/1998
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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 injured worker is a 57-year-old woman with a date of entry of 4/26/98. Records indicate that there a follow-up visit for persistent neck and low back pain and upper extremity complaints. Physical examination documents lumbar and cervical range of motion impairments. Motor exam and reflexes are normal except for mild weakness in bilateral wrists. The injured worker is being treated with Naprosyn and Tramadol for pain. Request is also been made for physical therapy 8 visits for neck and low back complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical therapy visits for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Therapy Page(s): 134. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines

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

Decision rationale: The injured worker is being treated for continued chronic neck and low back pain. She has not attended physical therapy. For the diagnosis of myalgias and radiculitis, MTUS

guidelines recommended up to 8-10 physical therapy sessions over 1 month. Request as stated is compliant with MTUS guidelines and is medically necessary.