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| Case Number: | CM14-0189250 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 04/19/1999 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/23/2014 |
| 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 46-year-old female presenting with a work-related injury on April 19, 1999. The patient complained of low back, neck and spine pain. The patient was diagnosed with cervical/thoracic/lumbar sprain and herniated of the lumbar spine. On October 10, 2014 the patient complained of pain and stiffness in the neck and back. The pain increases with activities and prolonged positions radiating pain extending down to both hands. Patient also reported limitations in her ability to perform activities of daily living. The pain is rated an 8/10 with a 60% reduction in pain with medications. The physical exam was significant for cervical flexion 40 cervical extension 30; tenderness to palpation over the paravertebral musculature and trapezius muscles with spasm on the right; thoracic tenderness and spasms over the paravertebral muscle; flexion 12 with tenderness and spasm. The patient's medications included Cyclobenzaprine, Tramadol, and Topical Ointment. The patient was advised to continue home exercise program. Physical Therapy twice per week for eight weeks is also recommended for the cervical and lumbar spine for increased spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 2 x week x 8 weeks cervical and Thoracic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

Decision rationale: PT 2 x week x 8 weeks cervical and Thoracic page 99 of CA MTUS states " Physical Therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that she had prior Physical Therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with Physical Therapy; therefore, the requested service is not medically necessary.