

Case Number:	CM14-0203839		
Date Assigned:	12/16/2014	Date of Injury:	06/28/2011
Decision Date:	02/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice 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:

This is a 47-year-old male claimant sustained a work injury on June 28, 2011 involving the neck and low back. He was diagnosed with cervicgia and lumbar disc disease. He had used oral analgesics for pain. A progress note on June 23, 2014 indicated the claimant had improved with physical therapy. A progress note on October 22, 2014 indicated the claimant had a flareup back and neck pain. Exam findings were notable for spasms in the lumbar region and reduced range of motion. The cervical spine showed tenderness to the paraspinal area with spasms as well. The physician requested six additional physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physical medicine visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 130.

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their

associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. In this case the claimant completed an unknown amount of therapy visits in the past. An additional six therapy visits likely exceed the amount noted guidelines above. In addition there is no indication why the claimant cannot perform further therapy in home-based program. The request for six additional physical therapy visits therefore is not medically necessary.