

Case Number:	CM15-0039241		
Date Assigned:	03/09/2015	Date of Injury:	09/03/2014
Decision Date:	04/13/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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: Florida

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 68 year old male, who sustained an industrial injury on 09/03/2014. He reported injuring his cervical and lumbar spine in an accident while at work. The injured worker was diagnosed as having C4-5 foraminal stenosis and lumbar degenerative disc disease. Treatment to date has included electrical shock treatments, acupuncture treatments, and medications. In a progress note dated 12/10/2014, the injured worker presented with complaints of suboccipital pain which radiates to the right shoulder and cervical spine pain radiating into the intrascapular area. The treating physician reported the injured worker is not a surgical candidate for either his cervical or lumbar spine but he could benefit from physical therapy or water therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three times a week for six weeks of the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines (Lumbar).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 132-133. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

Decision rationale: This patient has completed 6 physical therapy sessions. An additional 18 therapy sessions are now being requested for both the cervical and lumbar spine. He has been diagnosed with C4-5 foraminal stenosis and lumbar degenerative disc disease. ODG recommends 10 sessions for spinal stenosis and 10 sessions for lumbago. Therefore, this request for 18 additional sessions exceeds guidelines recommendations. This request is not considered medically necessary.