

Case Number:	CM15-0051995		
Date Assigned:	03/25/2015	Date of Injury:	02/01/2010
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 2/1/2010. The current diagnoses are cervical degenerative disc disease, cervical myelopathy, lumbar spinal stenosis, and lumbar degenerative disc disease with spondylosis. According to the progress report dated 2/11/2015, the injured worker complains of neck and back pain with radicular arm and leg symptoms. She reports numbness in her left upper extremity over the first dorsal web space and also in the tips of her fingers. Additionally, she reports weakness in her legs due to pain. The pain is rated 8/10 on a subjective pain scale. The current medications are Tamoxifen, Tramadol, and Motrin. Treatment to date has included medication management, x-rays, MRI of the cervical/lumbar spine, physical therapy, and injections. The plan of care includes pain management and 24 physiotherapy sessions to the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical and Lumbar physiotherapy, twice a week for twelve weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.

Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Physical medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Consultation page 127.

Decision rationale: ACOEM recommends consultation with another provider if the new provider may be able to assist in managing the patient's care. The records do not clearly provide a rationale as to why the requested pain management consultation is necessary or what clinical question would be answered given the nature and chronicity of this case. Therefore this request is not medically necessary.