

Case Number:	CM15-0081832		
Date Assigned:	05/04/2015	Date of Injury:	02/04/2015
Decision Date:	06/02/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	04/28/2015

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: Arizona, California
 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 67 year old male, who sustained an industrial injury on 2/04/2015. The mechanism of injury was not provided. The injured worker was diagnosed as having chronic neck and lower back pain, multi-level degenerative disc disease and disc herniations in the cervical and lumbar spine, and radiculitis of the left upper extremity. Treatment to date has included unspecified physical therapy. Currently, the injured worker reported current symptoms as improved, in his neck and back, secondary to home exercise program and walking, although he walked with a cane. He stated his physical therapy "has just stopped". He was currently not working but planned on returning soon. His work status included no heavy lifting and current medication regime was not described. The treatment plan included physical therapy with plan for home exercise routine, due to cervical and lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with plan home exercises routine for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173-175 & 298-299.
 Decision based on Non-MTUS Citation Official Disability Guidelines.

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. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant was able to perform home exercises. The amount of prior therapy sessions completed the amount requested are unknown. The therapy request is not substantiated and not medically necessary.