

Case Number:	CM14-0123764		
Date Assigned:	08/08/2014	Date of Injury:	06/18/2012
Decision Date:	10/06/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/05/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 61 year old male who was injured at work on 08/18/2012. The injured worker is reported to have injured his neck, thorax and lumbar spine. The injured worker complains of pain. The injured worker has been diagnosed of Neck sprain, Degeneration of Intervertebral disc, Thoracic sprain, Lumbar sprain, and Interventricular hemorrhage unspecified grade. At dispute is the request for Physical Therapy Spine Cervical/Thoracic/Lumbar x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Spine Cervical/Thoracic/Lumbar x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

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

Decision rationale: The injured worker sustained a work related injury on 08/18/2012. The medical records provided indicate the diagnosis of Neck sprain, Degeneration of Intervertebral disc, Thoracic sprain, Lumbar sprain, and Interventricular hemorrhage unspecified grade. The records did not provide any information about the previous and current treatment. There is no

information about the injured workers present medical history, neither is there any information about the physical findings or tests done. The medical records provided for review do not indicate a medical necessity for Physical Therapy Spine Cervical/Thoracic/Lumbar x 12. Although the MTUS recommends physical therapy for acute exacerbations of chronic musculoskeletal pain conditions, the recommendation is to allow a fading of treatments from three times a week to one per week, and for the individual to continue with home therapy; the records reviewed did not provide any background information which is necessary in determining what stage of treatment the injured worker has reached. Therefore, the requested treatment is not medically necessary.