

Case Number:	CM14-0131577		
Date Assigned:	08/20/2014	Date of Injury:	07/21/2013
Decision Date:	09/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 43-year-old female with date of injury of 07/21/2013. The listed diagnoses per [REDACTED] are: 1. 5- to 6-mm C5-C6, C6-C7 disk herniations. 2. Multiple stab wounds to the upper extremity and eye resulting in multiple surgeries, 07/21/2013. 3. History of left lower extremity cellulitis with ulcer. 4. C5-C7 disk herniation. 5. L5-S1 4-mm disk herniation. According to progress report, 06/02/2014, patient presents with neck pain that radiates down the left arm. The patient underwent a cervical cortisone injection on 05/13/2014 to the left C6-C7 which provided no relief. MRI of the cervical spine from 03/07/2014 was consistent with a 5-mm C5-C6 disk herniation and 4-mm C6-C7 disk herniation. Examination revealed increased left-sided neck pain with extension. The treating physician is requesting 24 sessions of physical therapy for the documented cervical spine and lumbar spine disk herniations. Utilization review denied the request on 07/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 additional physical therapy sessions for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

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

Decision rationale: This patient presents with continued neck and low back pain. Treating physician states the patient has significant herniation in the cervical and lumbar spine and is requesting 24 physical therapy sessions. The medical file provided for review includes progress reports from 01/08/2014 to 06/02/2014. These reports do not provide prior physical therapy treatment history. For physical medicine, the MTUS Guidelines pages 98 and 99 recommends for myositis-, myalgia-, and neuralgia-type symptoms 9 to 10 sessions over 8 weeks. In this case, the treating physician's request for 24 sessions exceeds what is recommended by MTUS. Request is not medically necessary.