

Case Number:	CM14-0147561		
Date Assigned:	09/15/2014	Date of Injury:	06/09/2014
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation, 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 patient is a 42 year old male who sustained an industrial injury on 6/9/2014, from an MVA. He was diagnosed with whiplash injury, strain of the neck and low back. Treatment has included medications, work restrictions, and Chiropractic. According to the 8/14/2014 PR-2, the patient indicates he is a little better. He completed chiropractic treatment, but was not much help. He complains of neck and back pain, that is mild-moderate in severity. Examination documents tenderness of thoracolumbar region. He is provided polar frost gel and refilled Flexeril. Continues work restrictions. Treatment plan recommends starting PT and Acupuncture trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for 3 weeks for the Cervical Spine and Lumbar Spine
Quantity 2:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: The patient reports completing chiropractic treatment, however, the medical records do not document how many sessions he has attended, nor what the treatment sessions

entailed. Typically chiropractic care includes manual manipulation/mobilization of the joints, as well as physical methods, physiotherapies, and instructions in an HEP. The medical records do not document that this patient has been performing an HEP. Given that the patient has not actually attended physical therapy, it would be reasonable to allow a few sessions for the purpose of attempting to ameliorate his residual symptoms and instruct him in an HEP. The request should be modified to allow 2-3 sessions of PT for this purpose. Therefore, the above request is not medically necessary.