

Case Number:	CM14-0148112		
Date Assigned:	09/18/2014	Date of Injury:	09/22/2005
Decision Date:	11/28/2014	UR Denial Date:	08/15/2014
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 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 underlying date of injury in this case is 09/22/2005. The date of the utilization review under appeal is 08/15/2014. The patient's diagnoses include cervical and lumbar disc displacement, neck pain, and a lumbar sprain. On 08/07/2014, a primary treating physician follow-up note indicates the patient's diagnoses included psychogenic pain, lumbar sprain, and cervical disc displacement. The patient reported ongoing pain in the low back and neck with severe muscle spasms. The patient continued to have a poor mood and poor sleep associated with her pain. The plan included restarting a home exercise and walking regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 6 sessions for cervical and lumbar spine: Upheld

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

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

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, recommends transition to an independent home rehabilitation program. The records indicate that this patient previously had been

instructed in a home exercise program. It is not clear why additional supervised therapy would be required in order to continue or resume such a program. The records and guidelines do not support this request; therefore, it is not medically necessary.