

Case Number:	CM14-0095929		
Date Assigned:	09/15/2014	Date of Injury:	03/05/2001
Decision Date:	10/16/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/24/2014

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 Pain Management, 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 49-year-old with an injury date on March 5, 2001. Patient complains of dull, generalized cervical pain, moderate lower lumbar pain radiating to the bilateral lower extremities per June 12, 2014 report. Patient's symptoms are increased with activity, but mildly improved with medication/rest per June 19, 2014 report. Based on the June 12, 2014 progress report provided by [REDACTED] the diagnoses are lumbar radiculopathy and neck pain. Exam on June 12, 2014 showed "normal range of motion of C-spine. Normal range of motion of L-spine. Normal gait, normal sensation, normal strength." [REDACTED] is requesting physical therapy (18) sessions, cervical and lumbar spine.. The utilization review determination being challenged is dated June 19, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from January 7 to June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen sessions of physical therapy for the 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 Page(s): 98,99.

Decision rationale: This patient presents with neck pain, lower back pain with pain radiating to the leg and is s/p neck fusion from 2002, and lumbar fusion at L4-5 and L5-S1 from 2012. The treater has asked for physical therapy (18) sessions, cervical and lumbar spine. The utilization review letter of June 19, 2014 quotes a prior utilization review dated October 30, 2013 which shows patient had 15 physical therapy visits, but review of reports do not show evidence of any recent physical therapy. The Chronic Pain Medical Treatment Guidelines allows for eight to ten sessions of physical therapy for various myalgias and neuralgias. In this case, the patient hasn't had any recent therapy, so a course of 10 physical therapy sessions would be reasonable for patient's chronic neck/back pain. But the requested 18 sessions of physical therapy for the cervical and lumbar spine exceeds Chronic Pain Medical Treatment Guidelines. Therefore, the request for eighteen sessions of physical therapy for the cervical and lumbar spine is not medically necessary or appropriate.