

Case Number:	CM15-0110913		
Date Assigned:	06/18/2015	Date of Injury:	08/27/2011
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 31 year old man sustained an industrial injury on 8/27/2011. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 4/1/2014 and lumbar spine MRI dated 4/3/2013. Diagnoses include neck pain, lumbar spine pain, post-traumatic stress disorder, bilateral temporomandibular joint, and reflux due to NSAID use for chronic pain. Treatment has included oral medications and home exercise program. Physician notes dated 5/11/2015 show complaints of neck, back pain, and headaches rated 4-5/10. Recommendations include acupuncture, physical therapy, orthopedic consultation, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, quantity: 10 sessions: 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), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Neck and Upper Back (Acute & Chronic) Physical Therapy.

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

Decision rationale: Physical therapy for the cervical spine, quantity: 10 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation indicates that the patient has had 12 prior cervical PT visits authorized in the past. The patient should be competent in a home exercise program. The documentation does not indicate extenuating circumstances which would necessitate 10 more supervised therapy visits. The request is therefore not medically necessary.