

Case Number:	CM15-0127603		
Date Assigned:	07/14/2015	Date of Injury:	01/14/2015
Decision Date:	08/10/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/01/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old woman sustained an industrial injury on 1/14/2015. The mechanism of injury is not detailed. Diagnoses include contusions on the face, scalp and neck, neck sprain/strain, and lumbar sprain/strain. Treatment has included oral medications. Physician notes dated 5/27/2015 show complaints of lumbar spine pain rated 8/10, neck/head pain rated 8/10, and left knee pain rated 8/10. Recommendations include continue physical therapy, Gabapentin, Meloxicam, Robaxin, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued outpatient physical therapy to cervical and lumbar for six (6) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are specifically recommended as options in

cervical neck pain. At this point the patient has already been through several sessions of PT with no objective evidence to indicate improvement that warrants 6 further visits of supervised therapy, it is difficult to justify the treatment request. With respect to number of visits for manual therapy and manipulation, the MTUS does state that several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. Therefore, evidence of functional improvement should be aggressively sought within 6 visits of treatment, and therefore the request for 6 further visits without evidence of improvement with prior therapy cannot be considered medically necessary based on the provided documents.