

Case Number:	CM14-0142893		
Date Assigned:	09/10/2014	Date of Injury:	07/12/2009
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/03/2014

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 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 06/12/2009. The date of the utilization review under appeal is 08/14/2014. On 06/23/2014, a neurosurgery/PM&R PR-2 (progress report) followup note is handwritten and partially legible. This form appears to discuss neck pain and history of a cervical radiculopathy and lumbar radiculopathy and pain in the left lower arm as well as radicular low back pain. The physical exam is difficult to interpret though appears to discuss some impact on motor function in the left upper and lower extremities. The treatment plan included MRI imaging of the cervical spine as well as physical therapy to the lumbar spine. Previously on 05/12/2014, a dictated primary treating physician's progress report from the patient's treating neurosurgeon noted the patient was a 56-year-old man with chief complaints of left-sided neck pain and also pain and numbness in the left arm, low back, and left lower extremity. The patient was status post lumbar epidural injection with 50% pain relief. The patient reported that physical therapy had helped with his low back pain. The patient had slightly decreased motor function of the left upper and lower extremities and sensation slightly decreased in the left lower arm and left leg. The treatment plan included continued physical therapy to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (frequency/duration unspecified) for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM plus treatment guidelines: Treatment on Low Back Conditions.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on Physical Medicine recommends transition to independent, active home rehabilitation. The medical records at this time do not provide an indication for additional supervised physical therapy. This request is not medically necessary.