MAXIMUS Federal Services

Case Number:	CM14-0218219		
Date Assigned:	01/07/2015	Date of Injury:	04/15/2010
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 32 year old female who sustained a work related injury on 4/15/2010 resulting from a slip and fall. Per the Primary Treating Physician's Progress Report dated 10/17/2014, the injured worker reported feeling ill. She complained of a sore throat, nausea, fever, ear pain and dizziness. She reports difficulty sleeping and with school studies secondary to depressed mood. Objective physical examination revealed that she is under significant stress, low psychological tolerance and thus likely has compromised immune system. She will benefit from an inpatient program for chronic pain. Diagnoses included cognitive disorder NOS, and pain disorder associated with psychological factors and a general medical condition. The plan of care includes monitoring of suicidal ideation, cognitive behavioral therapy, and relaxation technique training. Work Status is off work until further notice. Prior treatment has included physical therapy but the number of sessions has not been provided in the clinical documentation submitted for review. On 12/01/2014, Utilization Review non-certified a prescription for 6 additional physical therapy sessions for the lumbar spine and cervical spine based on lack of documented functional improvement with prior therapy. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional six (6) physical therapy sessions for the lumbar spine and cervical spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines

Decision rationale: The claimant is nearly 5 years status post work-related injury including cervical spine fusion in 2012. Treatments included postoperative physical therapy for the cervical spine. When seen by the requesting provider she had ongoing radiating neck pain, headaches, and low back pain. Authorization for therapy for treatment including core and lower extremity strengthening, spinal stabilization exercises, instruction in lifting techniques, and a home exercise program was requested.In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with guideline recommendations and the goals/therapeutic content of the treatment are stated. It was therefore medically necessary.