MAXIMUS Federal Services

Case Number:	CM14-0084814		
Date Assigned:	07/21/2014	Date of Injury:	06/07/2013
Decision Date:	02/26/2015	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 & Rehabn, 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:

The injured worker is a 49-year-old male, with a reported date of injury of 08/07/2013. The results of the injury were headaches, neck pain, low back pain, and thoracic spine pain.The current diagnoses include cervical strain, and lumbosacral strain/sprain.The past diagnoses include cervical strain, thoracic sprain, cervicogenic headaches, and bilateral upper extremity pain.Treatments have included nine (9) physical therapy sessions, non-steroidal anti-inflammatory drugs.The physical therapy reports were not included in the medical records provided for review.The progress report (PR-2) dated 03/28/2014 indicates that the injured worker continued to have pain in his neck, upper back, and lower back. The objective findings included tenderness in the neck, upper back, and middle back; tenderness along the right superior iliac crest and right sciatic notch; and intact neurovascular status in the lower extremities. The treating physician recommended a brief course of physical therapy for core strengthening, trunk stabilization, and a neutral spine program to help stabilize the residuals of the symptoms.On 05/09/2014, Utilization Review (UR) denied the request for twelve (12) physical therapy sessions, two (2) times a week for six (6) weeks for the cervical spine, thoracic spine, and lumbar spine. The UR physician noted that there were no residual deficits that validate the need for additional physical therapy; the injured worker had near normal and functional range of motion and strength; and that ongoing treatment can be obtained with a home exercise program. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Sessions, 2x/wk for 6 weeks, for the Cervical Spine, Thoracic Spine, and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 more than 1 years status post work-related injury and continues to be treated for chronic pain throughout the spine. Treatments have included physical therapy and medications.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 claimant has already had extensive physical therapy and the number of additional visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude him from performing such a program.