

Case Number:	CM15-0101506		
Date Assigned:	06/09/2015	Date of Injury:	03/26/2013
Decision Date:	07/09/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/27/2015

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: 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:

The injured worker (IW) is a 58-year-old female who sustained an industrial injury on 03/26/2013. She reported that she slipped and fell resulting in injury to the head, neck, back, right hip, right ankle and bilateral wrists. The injured worker was diagnosed as having cervical spine sprain/strain with bilateral radiculopathy, lumbar spine strain with bilateral radiculopathy, thoracic spine sprain/strain, right ankle strain, left wrist sprain/strain. Treatment to date has included chiropractic care of the neck and back, x-rays of the neck, back, right ankle and right wrist. Currently, (04/17/2015) the injured worker complained of an acute flare up of symptoms. According to the physician, she had not received any physical therapy to date. She rated her lumbar spine pain as an 8/10 and it is felt that the occasion of the flare-up was related to her continued working. On examination, there was palpable tenderness in the bilateral lumbar and lumbosacral region. Lumbar range of motion was decreased in all planes with pain on movement. The plan of care includes topical medications, a lumbar-sacral-orthoses brace, and physical therapy for the neck and low back. A request for authorization is made for Physical Therapy (Cervical, Lumbar) 2 x 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Cervical, Lumbar) 2 x 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC, Neck & Upper Back; Low Back, Online Version, Physical Therapy.

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

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for review spine pain. When seen, there had been a flare up of symptoms. She was finding difficult to continue working at a computer. There was decreased spinal range of motion with a normal neurological examination. The claimant is being treated for chronic pain. 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 that recommended. The request was medically necessary.