

Case Number:	CM15-0132154		
Date Assigned:	07/20/2015	Date of Injury:	09/17/1999
Decision Date:	08/14/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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 is a 39 year old female, who sustained an industrial injury on 9/17/99. The injured worker was diagnosed as having neuralgia, depressive syndrome, anxiety disorder, and chronic insomnia. Treatment to date has included C5-6 anterior discectomy with fusion in 1998, epidural steroid injections, placement and removal of a spinal cord stimulator, and medication. A physician's report dated 6/2/15 noted 8 physical therapy sessions had been authorized. Currently, the injured worker complains of aching pain down the spine that radiates down the left leg. The treating physician requested authorization for physical therapy for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown physical therapy to the "neck", frequency and duration not provided: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic) (updated 05/12/2015).

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 has a remote history of a work injury occurring in September 1999 and is being treated for injuries to the neck, low back, and shoulder. When seen, medications were providing pain control. Psychiatric treatments were pending. No physical examination findings were submitted for review. 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 unknown and there is no specific therapeutic content or therapy goals. The request is not medically necessary.