

Case Number:	CM15-0132788		
Date Assigned:	07/20/2015	Date of Injury:	04/08/1997
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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 55-year-old male, who sustained an industrial injury on 4/08/1997. He reported repetitive type injury to the neck and left upper extremity. Diagnoses include chronic pain syndrome, myofascial pain, depression, cervical discogenic pain, facet pain, radicular pain, status post cervical fusion, cervical herniated disc, thoracic back pain, lumbar pain. Treatments to date include epidural steroid injection and a failed spinal cord stimulator trial. Currently, he complained of neck pain. On 5/27/15, the physical examination documented decreased cervical spine range of motion with left arm weakness. The plan of care included additional physical therapy twice a week for three weeks for treatment of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 6 sessions to the 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 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 April 1997 and continues to be treated for neck pain and left upper extremity weakness. Treatments have included physical therapy, acupuncture, massage therapy, and a failed spinal cord stimulator trial. Physical examination findings included cervical and trapezius muscle spasms with decreased and painful range of motion. Spurling's testing was positive on the left side. There was decreased left upper extremity strength and left lower extremity sensation. Straight leg raising was positive on the left side. Recent physical therapy within the previous six months is not documented. 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 and what might be anticipated in terms of establishing or revising a home exercise program. The request was medically necessary.