

Case Number:	CM15-0135834		
Date Assigned:	07/23/2015	Date of Injury:	01/15/1997
Decision Date:	08/21/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/14/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 female who sustained an industrial injury on January 15, 1997. She has reported neck pain radiating into the left shoulder and arm and low back pain radiating to both legs and pain in her hands. Diagnoses include lumbar radiculopathy, chronic pain syndrome, myofascial syndrome, and neuropathic pain. Treatment has included medications and an intrathecal pump. The injured workers pain was 8 out of 10 and since the last visit, the pain averaged 9 out of 10. Without pain medications, the pain score was 10 out of 10 and with medications, pain was rated an 8 out 10. The injured worker had multiple trigger points over the midline and in the left cervical paraspinal musculature. The treatment request included physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x week for 4 weeks of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PhysicalMedicine, Page 98-99 Page(s): 98-99.

Decision rationale: The requested Physical therapy 3-x week for 4 weeks of the lumbar spine, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has neck pain radiating into the left shoulder and arm and low back pain radiating to both legs and pain in her hands. The treating physician has documented multiple trigger points over the midline and in the left cervical paraspinal musculature. The treating physician has not documented objective evidence of functional benefit from previous therapy sessions, nor the medical necessity for a current trial of physical therapy beyond a trial of 6 sessions and then re-evaluation. The criteria noted above not having been met, Physical therapy 3-x week for 4 weeks of the lumbar spine is not medically necessary.