

Case Number:	CM15-0147272		
Date Assigned:	08/10/2015	Date of Injury:	02/20/2013
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/29/2015

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 48-year-old male, who sustained an industrial injury on February 20, 2013. He reported head, ribs and back pain (the injured worker experienced loss of conscious). The injured worker was diagnosed as having fractured ribs and a head wound (per injured worker). Treatment to date has included functional restorative program, toxicology screens, psychotherapy, medications and x-rays. Currently, the injured worker complains of constant mid and low back pain rated, at 8 on 10, frequent headaches and depression. The injured worker is currently diagnosed with thoracic spine pain, thoracic sprain and headaches. His work status is permanently partially disabled with restrictions. A psychotherapy note dated May 5, 2015 states the injured worker continues to struggle. Physical therapy 2 times a week for 5 weeks, to the thoracic spine, is requested to address the flare up of thoracic muscular pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 5 weeks to the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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 sustained a work-related injury in February 2013 and is being treated for chronic mid back pain. When seen, he had completed a functional restoration program and had recent psychological therapy. He was having constant pain. There was cervical, thoracic, and occipital tenderness. There was a normal neurological examination. The claimant is being treated for chronic pain with no new injury. Physical therapy would have been a component of his treatment in the functional restoration program. 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 in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.