

Case Number:	CM15-0167225		
Date Assigned:	09/08/2015	Date of Injury:	11/01/2014
Decision Date:	10/07/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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:

This 23 year old man sustained an industrial injury on 11-1-2014 after receiving burns to his arms when chemicals splashed on them. Several months later, he began experiencing neck and low back pain. The worker eventually was referred for medical attention. Evaluations include undated cervical spine x-rays, undated thoracic spine x-rays, and undated lumbar spine x-rays. Diagnoses include cervical spine sprain-strain, thoracic spine sprain-strain, and lumbosacral sprain-strain. Treatment has included oral medications and physical therapy including exercise, massage, and TENS unit therapy. Physician notes from an initial orthopedic evaluation dated 7-16-2015 show complaints of upper, mid, and low back pain rated 4-5 out of 10 with numbness and pain around the buttock that radiates to the right leg and neck pain rated 3-4 out of 10. Recommendations include physical therapy, Naprosyn, Flexeril, and follow up in four to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical/Thoracic/Lumbosacral #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines 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) Neck and Upper Back (Acute & Chronic), physical therapy (20 Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in November 2014 and is being treated for injuries sustained as the result of a cumulative trauma injury. Treatments include physical therapy with 8 treatments provided from 04/20/15 through 05/13/15. He was seen for an initial orthopedic evaluation on 07/16/15. He was working with restrictions. He had neck, mid back, and low back pain with radiating symptoms to the shoulders and into the right lower extremity. Physical examination findings included right cervical and right greater than left upper trapezius tenderness. There was right lumbar and posterior superior iliac spine and facet tenderness. Cervical and lumbar range of motion was decreased. There was thoracic tenderness. There was a normal neurological examination. Diagnoses were strain / sprain of the cervical, thoracic, and lumbar spine. Physical therapy was requested. In terms of physical therapy for these conditions, guidelines recommend up to 9 treatment sessions over 8 weeks for the neck and for the thoracic and lumbar spine. Partial concurrent care would be expected. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. 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.