MAXIMUS Federal Services

Case Number:	CM15-0182045		
Date Assigned:	09/23/2015	Date of Injury:	07/03/2014
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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 27 year old male, who sustained an industrial injury on 7-3-2014. The injured worker was being treated for nonallopathic lesions of the lumbar region, cervical sprain and strain, neuropathy of ulnar nerve, and thoracic outlet syndrome. On 8-25-2015, the injured worker reports neck, chest, and lower back pain. He reports neck locking, more on the left side, is his biggest concern and to relieve the pressure he has to pop it. He reports completed physical therapy has significantly helped his lower back issues, but he neck remains constant. The injured worker pain ratings were 6-7 out of 10 with increased left arm numbness and lower back of 8 out of 10. He works regular duties. The treating physician notes the injured worker uses Tramadol occasionally. The physical exam (8-25-2015) reveals localized tenderness of the bilateral trapezius muscles and paravertebrals, intact neurovascular status, intact range of motion of the cervical and lumbar spines, and a normal gait. Per the qualified medical evaluator (5-6-2015 report), MRIs of the cervical and lumbar spines and a CT scan of the sternum were normal on 11-24-2014. Per the treating physician (5-13-2015 report), x-rays of the lumbar region revealed sacral 1-sacral 2 (sacral 1-sacral 2) possible lesion versus gas pattern. X-rays of the cervical spine revealed straightening of the cervical lordosis. Treatment has included at least 8 sessions of physical therapy, chiropractic therapy, a home exercise program, off work, work restrictions, and medications including oral pain (Tramadol), topical pain (Lidoderm patches) muscle relaxant (Flexeril), and non-steroidal anti-inflammatory (Naprosyn). Per the treating physician (8-25- 2015 report), the injured worker is to return to work with modified duties that include no lifting or carrying more than 50 pounds. On 8-26-2015, the requested treatments included an additional 8 sessions of physical therapy for the low back, neck, and thoracic. On 9-8-2015, the original utilization review non-certified a request for an additional 8 sessions

of physical therapy for the low back, neck, and thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x4 low back, neck and thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 injury in July 2014 as the result of a multivehicle collision. Treatments as of July 2015 included six physical therapy sessions and six chiropractic treatments without much improvement. Additional chiropractic treatments were provided with eight sessions beginning in July 2015. When seen, he was having constant neck pain. The assessment references significant improvement with low back issues. He had pain rated at 6-8/10. He was continuing to work without restrictions. Physical examination findings included trapezius and paravertebral tenderness with normal cervical and lumbar range of motion. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury. 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 determine whether continuation of physical therapy was needed or likely to be effective. Prior physical therapy efficacy is variably reported. The request is not considered medically necessary.