MAXIMUS Federal Services

Case Number:	CM15-0191050		
Date Assigned:	10/05/2015	Date of Injury:	01/19/2014
Decision Date:	12/23/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/29/2015

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 30 year old female who sustained an industrial injury on 1-19-14. The medical records indicate that the injured worker has been treated for cervical spine, left upper extremity radicular symptoms; left elbow pain; bilateral wrist pain carpal tunnel syndrome; lumbar spine sprain-strain with right sciatica; lumbar spine disc protrusion L4-5; left hip strain-sprain, degenerative osteoarthritis. She currently (8-25-15) complains of constant cervical pain radiating to bilateral upper extremities down to the wrists with a pain level of 6.5 out of 10; constant bilateral shoulder pain with a pain level of 8 out of 10; lumbar spine pain with a pain level of 7 out of 10 and increase spasms and tightness. She has received MRI of the lumbar spine (5-21-14) showing disc protrusion with effacement L4-5, facet hypertrophy. Her treatments were acupuncture with temporary relief; transcutaneous electrical nerve stimulator unit with temporary relief; massage chair with temporary relief; topical creams were helpful; physical therapy with undisclosed number of visits. The request for authorization dated 8-30-15 was for physical therapy to the lumbar spine 6 sessions. On 9-11-15 Utilization Review non-certified the request for physical therapy to the lumbar spine, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine 6 sessions: Overturned

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 January 2014 when she slipped and fell while mopping a floor. She continues to be treated for chronic pain. Electrodiagnostic testing in July 2015 was poorly tolerated but without findings of definite abnormality. When seen, she was having constant radiating neck, bilateral shoulder, bilateral hand, and low back pain. Pain was rated at 5-8/10. Acupuncture treatments were pending. Physical examination findings included increased spasms and tightness. Trigger point injections were offered but declined. Flexeril was prescribed. Authorization for six sessions of physical therapy is being requested. 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, there is no evidence of recent physical therapy or compliance with a home exercise program. 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 claimant has not been released to return to work. The request was medically necessary.