

Case Number:	CM15-0201858		
Date Assigned:	10/16/2015	Date of Injury:	09/09/2011
Decision Date:	11/25/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 49 year old, female who sustained a work related injury on 9-9-11. A review of the medical records shows she is being treated for neck and low back pain. In the progress notes dated 8-27-15 and 9-8-15, the injured worker reports activity-dependent to frequent dull, achy, sharp neck pain with stiffness, heaviness and cramping. She rates her neck pain a 5 out of 10. She reports activity-dependent to frequent dull, achy, sharp low back pain with stiffness, heaviness and cramping. She rates her low back pain a 5 out of 10. On physical exam dated 9-8-15, she has +2 tenderness to palpation of cervical paravertebral muscles and upper trapezius muscles. She has decreased cervical range of motion. She has +2 tenderness to palpation of the lumbar paravertebral muscles. She has muscle spasms in the lumbar paravertebral muscles. Lumbar range of motion is decreased. She has a positive Kemp's sign bilaterally. Treatments have included 20 sessions of physical therapy, "good benefit". She is working full duty. The treatment plan includes more physical therapy and referral to pain medication specialist. In the Utilization Review dated 9-15-15, the requested treatment of physical therapy to continue for 3 x 6 for cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy continues for 3 times a week for 6 weeks for the cervical and lumbar spine (18): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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 has a cumulative trauma work injury with date of injury in September 2011. She continues to be treated for neck and low back pain. Recent treatments include physical therapy and she was seen for an evaluation on 07/20/15. As of 08/17/15 she had pain rated at 4/10. There was decreased lumbar spine range of motion. She had decreased cervical and lumbar spine strength. When seen, she had completed 20 physical therapy treatment sessions. She was having ongoing moderate activity dependent pain. Physical examination findings included cervical, thoracic, and lumbar tenderness and upper trapezius muscle tenderness bilaterally. She had decreased cervical and lumbar spine range of motion. Kemp's testing was positive bilaterally. Authorization for an additional 18 physical therapy treatment sessions is being requested. 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 at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could 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 finalize the claimant's home exercise program and does not reflect a fading of skilled therapy services. The request is not medically necessary.