

Case Number:	CM15-0022736		
Date Assigned:	02/12/2015	Date of Injury:	04/23/2014
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 45 year old female, who sustained an industrial injury on April 23, 2014. She has reported neck pain, right shoulder pain, and lower back pain. The diagnoses have included cervical spine disc displacement, cervical spine stenosis, lumbago, lumbar spine disc displacement, degenerative disc disease of the cervical and lumbar spine, and rotator cuff syndrome. Treatment to date has included medications, physical therapy, epidural steroid injection and imaging studies. A progress note dated December 31, 2014 indicates a chief complaint of continued right neck pain, headache, right scapular pain radiating to the right arm, lower back pain and right shoulder pain. The treating physician is requesting additional physical therapy for eight sessions for the lower back, as the injured worker showed improvement after previous therapies. On January 14, 2015 Utilization Review denied the request for additional physical therapy citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 8 sessions to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy

Decision rationale: The requested Additional Physical Therapy 8 sessions to the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has continued right neck pain, headache, right scapular pain radiating to the right arm, lower back pain and right shoulder pain. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met. Additional Physical Therapy 8 sessions to the lumbar spine is not medically necessary.