

Case Number:	CM15-0036964		
Date Assigned:	03/05/2015	Date of Injury:	07/02/2012
Decision Date:	04/10/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	02/27/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 54-year-old male, who sustained an industrial injury on 7/2/12. He has reported head injury. The diagnoses have included cervical neuritis/radiculitis, cervicgia, headaches, chronic pain and lumbago. Treatment to date has included Lumbar epidural steroid injection, oral medications, topical medications and physical therapy. Currently, the injured worker complains of constant pain ad dull ache in lumbar area with intermittent pain radiating down to right buttock and headaches increasing with stress. Progress note dated 2/2/15; the injured worker stated medication helped to relieve the pain. Decreased range of motion is noted on physical exam of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT/ MT (Massage therapy) 2 times a week for 8 weeks (16): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy/massage therapy two times per week times eight weeks (16 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical neuritis/radiculitis; cervicgia; headache; chronic pain; and lumbago. The documentation from a qualified medical examination (QME) dated January 14, 2015 state injured worker received physical therapy and acupuncture with benefits. Physical therapy flow sheets are present in the medical record and are illegible. There was a request for additional physical therapy from September 2, 2014 through September 6, 2014 for 8 additional visits. There is no indication whether these physical therapy sessions were rendered and received and there is no evidence of objective functional improvement with those visits. The documentation indicates the injured worker received at least 18 visits of massage therapy. The February 2, 2015 note contains subjective complaints of low back pain that radiates to the bottom. There was no request in the medical record for additional physical therapy. There was no request in the medical record for additional massage therapy. When treatment duration and/or number of visits exceeded the guidelines, exceptional factors should be noted. The injured worker received physical therapy (unknown number of sessions to date) and the documentation does not contain compelling clinical facts to warrant additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement to warrant additional physical therapy, physical therapy/massage therapy two times per week times eight weeks (16 sessions) is not medically necessary.