

Case Number:	CM15-0041195		
Date Assigned:	03/11/2015	Date of Injury:	04/11/2013
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/04/2015

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 31-year-old male, who sustained an industrial injury on April 11, 2013. The diagnoses have included neck pain, cervical degenerative disc disease, and thoracic spine pain, disorders of the sacrum, sciatica and tension headache. Treatment to date has included medications, radiological studies and an authorization for physical therapy. Most current documentation dated September 25, 2014 notes that the injured worker reported low back, thoracic spine pain and neck pain. He was noted to use crutches and a wheelchair to assist with ambulation. The injured worker had significant pain in the low back and both hips with radiation down both lower extremities. Associated symptoms included electrical sensations and tingling. Physical examination of the lumbar spine revealed spasms and guarding. Hip examination revealed a decreased range of motion with flexion and external rotation in both hips but not with internal rotation. The treating physician's plan of care included a request for additional physical therapy sessions to the neck and upper back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 Sessions of Physical Therapy for the neck and upper back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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 is more than two years status post work-related injury and continues to be treated for chronic spine pain with radiation into the lower extremities. Physical examination findings on the date of service include decreased hip range of motion and lumbar spine muscle spasms and guarding. There appears to be a high level of disability and the claimant is noted to use a wheelchair and crutches. 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 and therefore not medically necessary.