

Case Number:	CM15-0048297		
Date Assigned:	03/20/2015	Date of Injury:	06/27/2008
Decision Date:	04/24/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/13/2015

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 54 year old female who sustained an industrial injury on 6/27/08. The injured worker reported symptoms in the neck, right upper extremity and back. The injured worker was diagnosed as having cervical disc displacement without myelopathy, cervical spondylosis without myelopathy, and spasm of muscle, post laminectomy syndrome of cervical region, pain in joint of shoulder, lumbosacral spondylosis without myelopathy, cervical disc degeneration, and cervicgia. Treatments to date have included epidural steroid injection, cervical fusion, oral analgesics, and oral pain medications. Currently, the injured worker complains of pain in the neck, right shoulder and lower back. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 sessions cervical spine: Upheld

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

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-related injury on June 2008 and continues to be treated for chronic neck, shoulder, and low back 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, the number of visits requested is in excess of that recommended and therefore not medically necessary.