

Case Number:	CM15-0050816		
Date Assigned:	03/24/2015	Date of Injury:	03/24/2014
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/17/2015

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 (IW) is a 28-year-old male who sustained an industrial injury on 03/24/2014 in an automobile accident. He reported headaches and pain in the neck, jaw, eyes, chest, back, abdomen, ribs, buttocks, shoulders, arms, hands, hips, legs, knees and ankles. The injured worker was diagnosed thoracic myalgia, thoracic myospasm, lumbar myalgia, lumbar myospasm, and left sided lumbar neuritis/radiculitis. Treatment to date has included physical therapy, aqua therapy, trigger point injections, and epidural injections, which were helpful. He has received eight sessions of acupuncture, which also were helpful. Currently, the injured worker complains of pain in the back radiating into the shoulders, hips, left leg and knee. The treatment plan includes physical therapy and review of thoracic, cervical and lumbar spine films. A request for authorization was made for physical therapy 3 times a week for 4 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Physical Medicine Guidelines; Physical Therapy.

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 one-year status post work-related injury and continues to be treated for chronic low back pain. Treatments have included physical therapy with reported benefit. 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. Additionally, the claimant 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. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the requested treatment is not medically necessary.