

Case Number:	CM15-0053846		
Date Assigned:	03/27/2015	Date of Injury:	09/05/2013
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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 44 year old female, who sustained an industrial injury on September 5, 2013. The injured worker was diagnosed as having spasm of muscle, shoulder and upper arm sprain/strain and displacement of intervertebral disc without myelopathy. Treatment and diagnostic studies to date have included medication. A progress note dated February 12, 2015 provides the injured worker complains of neck pain rated 5-6/10 and low back pain rated 8/10. She reports no numbness or tingling. Physical exam notes cervical tenderness with full range of motion (ROM) and some tenderness of lumbar spine with severely decreased range of motion (ROM). The plan includes physical therapy, medication and follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Neck three times per week for four weeks QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS 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 sustained a work-related injury in September 2013 and continues to be treated for neck and low back pain. When seen she wanted to try physical therapy for her neck due to stiffness. The claimant is being treated for chronic pain and there is no new injury. The chronic pain treatment guidelines apply. 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.