

Case Number:	CM15-0053904		
Date Assigned:	03/27/2015	Date of Injury:	04/09/2008
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
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 61 year old female, who sustained an industrial injury on 04/09/2008. On provider visit dated 02/10/2008 the injured worker has reported neck pain, low backache and left shoulder pain. On examination, range of motion was decreased in cervical spine, lumbar spine. Tenderness was noted on palpation of lumbar paravertebral muscles on both sides. Tightness was noted on cervical paravertebral muscles on both sides. The diagnoses have cervical pain, lumbar radiculopathy, spinal /lumbar degenerative disc disease, low back pain and sprain of lumbar region. Treatment to date has included physical therapy evaluation, medication, lumbar epidural steroid injections, cervical medical branch radiofrequency neurotomy, cervical facet nerve block, laboratory studies, MRI, electromyogram/nerve conduction studies, and TENS unit. The provider requested Physical Therapy, Cervical/ Lumbar Spine, Left Shoulder, 2 times weekly for 3 weeks (6 sessions) for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Cervical/ Lumbar Spine, Left Shoulder, 2 times weekly for 3 weeks (6 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 has a remote history of a work injury occurring in April 2008 and continues to be treated for chronic left shoulder, neck, and low back pain. Prior treatments had been extensive including medications, interventional care, and physical therapy. In this case, there is no acute injury and 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 consistent with that recommended and therefore is medically necessary.