

Case Number:	CM15-0084531		
Date Assigned:	05/06/2015	Date of Injury:	05/12/2009
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/02/2015

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 was a 35 year old female, who sustained an industrial injury, May 12, 2009 through May 12, 2010. The injured worker suffered psychological trauma and internal injuries due to hostile and extremely demanding work environment. The injured worker previously received the following treatments Effexor, Xanax, Iron, Magnesium, Namenda, Promethazine and Motrin. The injured worker was diagnosed with headaches, acid reflux disease, irritable bowel syndrome, anxiety, sleep disorder, severe stress and dizziness. According to progress note of January 5, 2015, the injured workers chief complaint was headaches, irritable bowel syndrome, anxiety and sleep disorder. The physical exam noted abdominal tenderness. The injured worker admitted to acid reflux, nausea, vomiting, diarrhea, and constipation. The injured worker admitted to hair loss, acne and brittle nails. The treatment plan included cervical, mid thoracic trigger point physical therapy for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks, cervical/mid thoracic trigger point therapy for headaches: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. 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 more than five years ago. When seen the claimant was having headaches. Authorization for physical therapy treatments with trigger point therapy was requested. What is being requested is physical therapy treatment of trigger points. Readily available therapy treatments include posture training, stretching, ischemic compression, and modalities such as ultrasound, heat, and ice. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the request is within that recommendation and was medically necessary.