

Case Number:	CM15-0084721		
Date Assigned:	05/07/2015	Date of Injury:	07/01/2011
Decision Date:	06/08/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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 60-year-old female, who sustained an industrial injury on 07/01/2011. She has reported subsequent neck pain, back pain and headaches and was diagnosed with postsurgical cervical laminectomy syndrome, cervical neuropathy and neuralgia, lumbar disc herniations with radiculopathy and lumbar neuralgia and neuropathy. Treatment to date has included oral pain medication and surgery. In a progress note dated 04/01/2015, the injured worker complained of constant neck tightness and stiffness with pain. Objective findings of the lumbar spine were notable for pain with range of motion of the lumbar spine, pain with palpation of the spinous processes of L1-L5, left paraspinal musculature at L3-L5 and right paraspinal musculature at L3-L5 and positive bilateral leg raise. A request for authorization of physical therapy 2x/week x 6 weeks of the lumbar spine was submitted.

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 6 weeks lumber spine (3/7/15): Upheld

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 is nearly 4 years status post work-related injury and continues to be treated for chronic neck and radiating low back pain. She had undergone a multilevel cervical decompression and fusion. When seen, recent MRI scan results were reviewed. There was decreased and painful lumbar range of motion with positive straight leg raising and tenderness and pain over the supraspinous ligaments and paraspinal muscles. There had been no new injury. 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 number of visits requested is in excess of that recommended. Providing more than six treatments without evidence of functional improvement is not medically necessary.