

Case Number:	CM15-0101112		
Date Assigned:	06/03/2015	Date of Injury:	10/24/2011
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/26/2015

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 65 year old female, who sustained an industrial injury on October 24, 2011, incurring upper back and lower back injuries after heavy lifting. She was diagnosed with lumbar sprain, disc herniation, left sciatica and cervical spine strain and cervical spondylosis. Treatment included physical therapy, chiropractic sessions, acupuncture, home exercise program, anti-inflammatory drugs, pain medications, and work modifications. Currently, the injured worker complained of lower back pain and right sided neck pain, worse when twisting, turning and bending. The lower back pain radiates into the left leg and was aggravated by prolonged sitting and standing. The treatment plan that was requested for authorization included physiotherapy to the neck and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy, twice weekly for three weeks, neck and lower back QTY: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 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: claimant sustained a work injury in October 2011 and continues to be treated for neck and radiating back pain. When seen, there was decreased range of motion with muscle spasms and positive shoulder depression testing. She was receiving chiropractic treatments but was having ongoing muscle spasms. Authorization for six physical therapy lumbar spine program treatment sessions was requested. The claimant is being treated for chronic pain. 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 what might be anticipated in terms of reestablishing or revising a home exercise program. The request can be considered medically necessary.