

Case Number:	CM15-0107480		
Date Assigned:	06/11/2015	Date of Injury:	06/06/2003
Decision Date:	07/13/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/03/2015

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 50 year old female injured worker suffered an industrial injury on 06/06/2003. The diagnoses included cervical radiculopathy, post-traumatic headaches, TMJ arthritis, possible right ulnar neuritis, and neck pain and migraine headaches. The injured worker had been treated with medications and physical therapy. On 4/29/2015 the treating provider reported persistent neck pain and reported 7/10 pain associated with headaches. There were cervical muscle spasms and stiffness along with tenderness at the facet joints. The treatment plan included Physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8-12 sessions of to be done over 3-4 months for myofascial treatment
Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy in chronic cases.

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 June 2003 and continues to be treated for neck pain and headaches. When seen, pain was rated at 7/10. Ibuprofen was providing some benefit. She was receiving Bowen treatments with some benefit and wanted to try physical therapy. Physical examination findings included cervical spine muscle spasms and stiffness. There was cervical facet joint tenderness. There were right upper extremity dysesthesias. The claimant is being treated for chronic pain. There is no new injury. 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. The request is not medically necessary.