

Case Number:	CM15-0017495		
Date Assigned:	02/06/2015	Date of Injury:	12/14/2000
Decision Date:	03/25/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58 year old female, who sustained an industrial injury on 12/14/2000. On provider visit dated 12/17/2014 the injured worker has reported neck and lower back. On examination she was noted to have tenderness to the paracervical muscles and trapezius muscles in cervical spine area, and the lumbar spine was noted to have tenderness and tight muscles band in paravertebral muscles, lumbar facet loading was positive on left side, a positive straight leg raise bilaterally, and positive Faber test. She has completed 2 courses of physical therapy in '14 without meeting goals or lasting changes. The diagnoses have included cervical pain, low back pain and spinal/lumbar degenerative disc disease. Treatment to date has included medication and physical therapy. On 01/08/2015 Utilization Review non-certified 6 sessions of Physical Therapy. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: MTUS Guidelines recommend limiting physical therapy for chronic conditions with a goal of self motivated exercising and instruction in appropriate self protective behaviors. Guidelines recommend up to 10 sessions as adequate for most chronic painful conditions. It is well documented the this individual has had greater than 10 sessions over the past year and had likely completed several more in previous years. There are no unusual circumstances to justify an exception to Guidelines. The request for an additional 6 sessions of physical therapy is not supported by Guidelines and is not medically necessary.