

Case Number:	CM15-0120634		
Date Assigned:	07/01/2015	Date of Injury:	08/29/2013
Decision Date:	07/30/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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 54 year old female, who sustained an industrial injury on 8/29/2013. She reported tripping and falling on her buttocks. Diagnoses have included low back pain, lumbar discogenic pain, unable to rule out left lumbar radiculopathy, thoracic pain and unable to rule out thoracic disc herniation. Treatment to date has included chiropractic treatment, acupuncture, physical therapy and medication. According to the progress report dated 6/5/2015, the injured worker complained of thoracic pain. She reported that the pain lasted for about four days. She also complained of low back pain which radiated to both posterior thighs. She rated the pain as 8/10 without the pain medications and 5/10 with the pain medications. Physical exam revealed tenderness and tightness over the upper trapezius muscles. Straight leg raise was positive on the right. Authorization was requested for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions: Overturned

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

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 sustained a work-related injury in August 2013 and continues to be treated for thoracic and low back pain. Treatments have included physical therapy in 2014 and acupuncture and chiropractic care as well as medications. When seen, pain was rated at 5/10 with medications. There was upper trapezius tenderness. An epidural steroid injection was being considered. 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 determining whether physical therapy treatments were going to be potentially effective. The request was medically necessary.