

Case Number:	CM15-0121105		
Date Assigned:	07/01/2015	Date of Injury:	04/09/2014
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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 -year-old male who sustained an industrial injury on 4/9/2014 resulting in upper back pain. He was diagnosed with protrusion of C6-7 and T5-6, and cervical myofascial pain. Treatment has included medication, physical therapy, TENS unit, and acupuncture. The injured worker was unable to tolerate medication side effects, but there was noted improvement in range of motion and function as a result of remaining treatments. The injured worker continues to report thoracic spine pain. The treating physician's plan of care includes 8 additional physical therapy sessions for the thoracic spine. Work status at present is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times per week for 4 weeks for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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: The claimant sustained a work injury in April 2014 and continues to be treated for thoracic and low back pain with bilateral lower extremity symptoms. When seen in April 2015, pain was rated at 6/10. There was decreased thoracic and lumbar spine range of motion with tenderness. In January 2015, recommendation included a continued home exercise program and references the claimant as familiar with the exercises. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Ongoing compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. 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 or what might be needed to reestablish or revise his home exercise program. The request is not medically necessary.