MAXIMUS Federal Services

Case Number:	CM15-0126431		
Date Assigned:	07/13/2015	Date of Injury:	08/20/2014
Decision Date:	08/06/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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 46 year old male, who sustained an industrial injury on 8/20/14. Initial complaints were the result of a fall included injury polytrauma-closed traumatic brain injury (TBI), subarachnoid hemorrhage, subdural hemorrhage, left radial fracture, facial fractures, multiple rib fractures. The injured worker was diagnosed as having post-concussion syndrome; traumatic brain injury; major depressive disorder, single episode moderate; cerebellar or brain stem contusion without open cranial wound unspecified state of consciousness; adjustment disorder with mixed anxiety and depressed mood; pain in limb. Treatment to date has included physical therapy (12); medications. Currently, the PR-2 notes dated 5/28/15 indicated the injured worker reports improved energy with increased activity. He has tried to go to the gym and do push-ups but has felt an increase in head and neck pain. He does not report any numbness, paresthesias but describes muscle tightness especially toward the end of the day. The provider notes the injured worker is unable to get any medications. The injured worker describes his pain with continued fatigue, ringing/buzzing in his ears, difficulty concentrating, difficulty reading, and problems with memory, depressed mood, anxiety, and palpations with anxiety, night mares waking him with sweat, headaches, impaired sleep, back pain and left shoulder pain. The provider documents the injured worker reports feelings of suicide come and go, but states he is not currently suicidal. Current medications are listed as Emla Cream, Tylenol Extra-strength 500mg and Zoloft. On physical examination, the provider notes the injured worker has a slow wide-based gait. When he sits, his head is forward, his shoulders are elevated and protracted and he is slumped and unable to sit erect leaning to the left. His cervical spine exam reveals range of motion with tenderness at the paravertebral muscles and rhomboids with multiple myofascial trigger points. He has fluent but slow speech. Muscle strength examination of the injured worker

reveals normal tone, power and nutrition of the muscles. Sensory reveals normal touch, pain, temperature, deep pressure, vibration, tactile localization and discrimination. He has continued sadness, hopelessness and continued difficulty concentrating. The provider documents his diagnosis as history of industrial injury polytrauma including closed traumatic brain injury (TBI), subarachnoid hemorrhage, subdural hemorrhage, left radial fracture, facial fractures, multiple rib fractures with mood disturbance, change in vision, cognition, endurance, memory, dizziness, ear ringing. The provider is requesting authorization of physical therapy 8 sessions for the cervical spine and Emla (lidocaine 2.5% and prilocaine 2.5%) cream 50mg with 1 refill for left thoracic pain from rib fractures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the cervical spine: Upheld

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

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 and August 2014 and continues to be treated for head and neck pain. Treatments have included completion of 12 sessions of physical therapy. When seen, he had increased pain after performing push-ups in the gym. Physical examination findings included a slow wide based gait. There was poor posture. There was cervical spine tenderness with multiple trigger points. There was a normal neurological exam. Additional sessions of physical therapy were requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. 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 revise the claimant's home exercise program. The request is not medically necessary.