

Case Number:	CM15-0076024		
Date Assigned:	05/28/2015	Date of Injury:	07/01/1992
Decision Date:	06/26/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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 53-year-old female who sustained an industrial injury on 07/01/92. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies include MRIs of the thoracic and lumbar spine, bone scan of the spine. Current complaints include mid and low back pain. Current diagnoses include thoracic and lumbar sprain/strain. In a progress note dated 03/09/15 the treating provider reports the plan of care as including mobilization, physical therapy to the thoracic and lumbar spines, a large ice pack, and x-rays of the lumbosacral and thoracic spine. The requested treatments include physical therapy to the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 3 weeks for thoracic spine: Overturned

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) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for mid and low back pain. When seen, she had worsening symptoms. Pain was rated at 6/10. There was decreased thoracic range of motion with right latissimus and lumbar paraspinal muscle tenderness. Additional testing was requested and she was referred for physical therapy. She was continued at regular duty. 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 medically necessary.