

Case Number:	CM15-0076591		
Date Assigned:	06/11/2015	Date of Injury:	01/18/2013
Decision Date:	07/27/2015	UR Denial Date:	03/19/2015
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 50 year old female, who sustained an industrial injury on 1/18/2013. Diagnoses include myalgia. Treatment to date has included trigger point injections, medications including Butrans patch and Duexis. Per the Primary Treating Physician's Progress Report dated 10/01/2014, the injured worker reported worsening of her left upper extremity pain with paresthasias. She is now dropping objects with her left arm as well. She notes decreased pain and muscle spasms with previous injection. Physical examination revealed muscle spasms and pain in the bilateral trapezius and cervical paravertebral region. She received a trigger point injection (TPI) at this visit. The plan of care included follow up care and repeat TPI. Authorization was requested for 8 sessions of physical therapy for cervicothoracic myofascial program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for cervicothoracic myofascial program (8-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, 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 in January 2013 and continues to be treated for neck pain with left upper extremity numbness. When seen, there was decreased range of motion. Trigger point injections had been less effective. Treatments have also included medications and chiropractic care. The claimant is being treated for chronic pain with no new injury. 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 recommendation and not medically necessary.