

Case Number:	CM15-0078115		
Date Assigned:	04/29/2015	Date of Injury:	12/29/2012
Decision Date:	05/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/23/2015

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 55 year old female who sustained an industrial injury on 12/29/12. She has reported initial complaints of pain in the neck, down lumbar spine and right upper extremity pain after lifting a bag of cat litter. The diagnoses have included cervical spondylosis with myofascial pain, lumbar spondylosis with disc bulge and myofascial pain and right biceps tendinitis. Treatment to date has included medications, stretching, physical therapy, acupuncture, chiropractic with some benefit and cervical epidural steroid injection (ESI) with no benefit. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral upper extremities, Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Tylenol with some pain relief. Currently, as per the physician progress note dated 4/6/15, the injured worker complains of constant neck pain rated 8/10 on pain scale and radiates to the upper extremities and down left shoulder blade. She reports intermittent lumbar pain, right shoulder pain that radiates to the elbow and stiffness, numbness and tingling in the right hand. She tried Gabapentin but could not tolerate side effects and anti-inflammatories exacerbate her gastritis. Physical exam revealed limitation with range of motion in the neck due to discomfort and lumbar range of motion is reduced due to discomfort in the low back. The cervical spine revealed guarding, tenderness and some pain with Speed's maneuver testing the biceps tendon. The physician noted that he would like her to learn how to pace herself and manage her symptoms, develop a home exercise program (HEP) and improve endurance and functional activity tolerance so she can work longer. She was started on Cymbalta for pain relief.

The physician requested treatments included Physical therapy times 6 sessions for the neck, Physical therapy times 6 sessions for the low back and Physical therapy times 6 sessions for the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 6 sessions for the neck: 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for neck, low back, and right upper extremity pain. Prior treatments have included medications, acupuncture, chiropractic care, physical therapy, and a cervical epidural injection. She was seen by the requesting provider on 04/06/15. She was working part-time and wanted to increase her number of work hours. Prior treatments had provided only temporary benefit. She was having pain rated at 8/10. Physical examination findings included decreased spinal range of motion, right biceps tendon tenderness, and guarding of the upper trapezius muscles and paraspinal muscles throughout her spine. Recommendations included six sessions of concurrent therapy with a chronic pain physical therapist in order to work on pacing, better symptom management, and a home exercise program. Goals of treatment were to improve her endurance and activity tolerance to allow her to increase her hours. 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 the goals of treatment are clearly stated. The request is medically necessary.

Physical therapy times 6 sessions for the low back: 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for neck, low back, and right upper extremity pain. Prior treatments have included medications, acupuncture, chiropractic care, physical therapy, and a cervical epidural injection. She was seen by the requesting provider on 04/06/15. She was working part-time and wanted to increase her number of work hours. Prior treatments had provided only temporary benefit. She was having pain rated at 8/10. Physical examination findings included decreased spinal range of

motion, right biceps tendon tenderness, and guarding of the upper trapezius muscles and paraspinal muscles throughout her spine. Recommendations included six sessions of concurrent therapy with a chronic pain physical therapist in order to work on pacing, better symptom management, and a home exercise program. Goals of treatment were to improve her endurance and activity tolerance to allow her to increase her hours. 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 the goals of treatment are clearly stated. The request is medically necessary.

Physical therapy times 6 sessions for the right upper extremity: 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for neck, low back, and right upper extremity pain. Prior treatments have included medications, acupuncture, chiropractic care, physical therapy, and a cervical epidural injection. She was seen by the requesting provider on 04/06/15. She was working part-time and wanted to increase her number of work hours. Prior treatments had provided only temporary benefit. She was having pain rated at 8/10. Physical examination findings included decreased spinal range of motion, right biceps tendon tenderness, and guarding of the upper trapezius muscles and paraspinal muscles throughout her spine. Recommendations included six sessions of concurrent therapy with a chronic pain physical therapist in order to work on pacing, better symptom management, and a home exercise program. Goals of treatment were to improve her endurance and activity tolerance to allow her to increase her hours. 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 the goals of treatment are clearly stated. The request is medically necessary.