

Case Number:	CM15-0078183		
Date Assigned:	04/29/2015	Date of Injury:	05/20/2008
Decision Date:	05/26/2015	UR Denial Date:	03/25/2015
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 66 year old female who sustained an industrial injury on 05/28/08. Initial complaints and diagnoses are not available. Treatments to date include acupuncture. Diagnostic studies are not addressed. Current complaints include low back pain. Current diagnoses include lumbago. In a progress note dated 03/16/15 the treating provider reports the plan of care as physical therapy and a MRI. The requested treatment is one physical therapy visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One physical therapy visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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 may 2008 and is being treated for an exacerbation of neck and low back pain. Prior treatments had included a lumbar fusion. When seen, she had restriction of lumbar spine motion and was ambulated with a cane. The treatment plan was "physical therapy first, and MRI ordered as well." In this case, this request has been misinterpreted as for a single session of physical therapy. What is actually being requested is physical therapy of an unspecified number of visits. The claimant is being treated for chronic pain and the chronic pain treatment guidelines apply. 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 was not specified and for that reason the request cannot be considered medically necessary.