

Case Number:	CM15-0093141		
Date Assigned:	05/19/2015	Date of Injury:	09/15/2006
Decision Date:	08/31/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/14/2015

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 52 year old female, who sustained an industrial injury on 09-15-2006 secondary to a slip and fall resulting in low and right shoulder injury. On provider visit dated 04-09-2015 the injured worker has reported lumbar pain as well as numerous other location of pain. On examination of the lumbar spine revealed decreased range of motion and positive straight leg raise. The diagnoses have included lumbar intervertebral disk disorders. Treatment to date has included physical therapy, laboratory studies and medication. The provider requested physical therapy for the lumbar spine (6-sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar Spine (6-sessions): Overturned

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 has a remote history of a work injury occurring in September 2006 with injury to the right shoulder and low back. When seen, she was having widespread pain. Pain was rated at 8/10. Prior treatments had included physical therapy in early 2014 with improvement. Physical examination findings included difficulty transitioning positions. There was tenderness throughout the spine. There was decreased spinal and shoulder range of motion. Straight leg raising, sitting root, and Braggard's testing was positive. Spurling's testing and cervical compression was positive. There was decreased knee range of motion. Authorization for six sessions of physical therapy was requested. The claimant is being treated for chronic pain. 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 what might be anticipated in terms of reestablishing or revising a home exercise program. No physical therapy is documented within the past 12 months. The request was medically necessary.