

Case Number:	CM15-0099513		
Date Assigned:	06/02/2015	Date of Injury:	10/25/2011
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 53 year old woman sustained an industrial injury on 10/25/2011. The mechanism of injury is not detailed. Diagnoses include chronic cervical strain, advanced cervical degenerative disease, multilevel cervical spondylosis, chronic lumbosacral strain, advanced lumbosacral degenerative disc disease, left foot injury with surgical correction, cervical disc bulge, lumbar disc bulge, thoracic disc bulge, lumbar spinal stenosis, depression secondary to pain, and myospasm in lumbar and cervical regions. Treatment has included oral and topical medications and lumbar spine epidural steroid injections. Physician notes on a PR-2 dated 4/13/2015 show complaints of lumbar spine pain with radiation to the bilateral lower extremities rated 9/10. Recommendations include repeat lumbar epidural steroid injection, psychological therapy, continue physical therapy, and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physiotherapy sessions, 2 times a week for 3 weeks for the cervical and lumbar 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for radiating neck and low back pain. When seen, there was decreased upper and lower extremity sensation with cervical and paraspinal muscle tenderness. Straight leg raising was positive bilaterally. 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 establishing or revising a home exercise program. The request was medically necessary.