

Case Number:	CM14-0138156		
Date Assigned:	09/05/2014	Date of Injury:	03/07/2011
Decision Date:	12/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 51-year-old woman with a date of injury of March 7, 2011. The mechanism of injury was not documented in the medical record. Pursuant to the most recent Primary Treating Physician's Progress Report (PR-2) dated July 8 2014, the IW complains of neck and back pain. The neck and back pain are rated 9/10, and comes and goes. The pain is worse with activity. The IW has completed 5 sessions of physical therapy in the past. The date is not provided. Objective physical findings revealed painful flexion and bilateral rotation in the neck. There is tenderness to palpation in the cervical spine, paraspinals, and bilateral superior trapezius. The IW has been diagnosed with chronic pain syndrome, cervical disc degeneration, and degenerative lumbar disc. Current medications include Motrin 800mg, and Gralise 300mg. Treatment plan recommendations include request for authorization cognitive behavioral therapy treatment, 4 sessions to further develop more effective pain coping skills. The provider also recommends ergonomic evaluation, medication refills, and additional physical therapy for the neck, one time week for 4 weeks to solidify gains and improve tolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy sessions: Upheld

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); Pain Section, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, additional physical therapy one time per week for four weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). The guidelines allow for fading of people in frequency (from up to three visits per week to one or less plus active self-directed home physical therapy). In this case, the treating physician's requested additional physical therapy, however, there is no clear documentation of objective improvement with prior physical therapy. The injured worker was performing home exercises as a result of prior physical therapy. Consequently, absent the appropriate documentation in the medical record regarding objective functional improvement from prior physical therapy, additional physical therapy one time per week for four weeks is not medically necessary.