MAXIMUS Federal Services

Case Number:	CM13-0015148		
Date Assigned:	04/23/2014	Date of Injury:	03/01/2013
Decision Date:	06/10/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

There is a 7/22/13 primary treating physician progress report that states that the patient reports that her condition is better .The patient states that treatment was tolerated. Patient is currently working a regular job. The patient has less pain. She has had back pain for 143 days with intermittent frequency. . Patient describes the symptoms as dull and mild and exacerbated by bending. The symptoms are lessened by rest. The patient denies paresthesias. The patient states the back pain does not radiate. The patient denies any limitations to motion of the back. The patient denies any leg weakness. The patient states there is no numbness or tingling of the lower extremities. The patient denies any changes in bowel habits. The patient denies any bladder or bowel dysfunction. On physical exam her mood and affect appear appropriate. Waddell signs for symptom magnification are negative. : The patient ambulates with a normal gait, full weight bearing on both lower extremities. There is normal posture. There is no weakness of the lower extremities. The spine is not kyphotic. The patient does not have scoliosis. The pelvis is symmetrical. There are no spasms of the thoracolumbar spine and paravertebral musculature. There is tenderness of the infrascapular paravertebral muscles. There is no tenderness of the thoracolumbar spine. The Patrick-Fabere test for pathology of the sacroiliac joint is negative. There is no restriction of range of motion of the back. Heel/toe ambulation is performed without difficulty. Bilateral patellar and Achilles deep tendon reflexes are 2/4. Sensation is intact to pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test (SLR) is negative and the back muscles display no weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY AND TES NO DURATION OR FREQUENCY LISTED- NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 99 and 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section and the TENS Section Page(s): s 98-99, 114-116.

Decision rationale: The request for continuation of physical therapy and TENS (no duration or frequency listed) for the neck is not medically necessary. A TENS unit can be used for chronic intractable neuropathic pain. The most recent documentation does not support that patient has evidence of this. The request for continuation of physical therapy is not medically necessary as she has already had atleast 15 visits of therapy. The guidelines recommend up to 10 visits for her condition. There is no extenuating circumstance that would warrant additional therapy. At this point patient has improved and should be competetant in a home exercise program. Furthermore the request as written does not indicate a frequency or duration of physical therapy and TENS treatment. The request for continuation of physical therapy and TENS for the neck is therefore not medically necessary.