MAXIMUS Federal Services

Case Number:	CM13-0030337		
Date Assigned:	11/27/2013	Date of Injury:	12/24/2010
Decision Date:	01/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 physician 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 patient is a 49-year-old female who reported a work-related injury on 12/24/10 due to a fall at work. The patient complained of pain to her low back and bilateral shoulders. She has undergone conservative care to include physical therapy. The patient's diagnoses include lumbar spine herniated nucleus pulposus with radiculopathy to the right lower extremity, bilateral shoulder internal derangement with left moderate supraspinatus tendinosis and a SLAP II tear of the superior labrum, stress, anxiety, and depression, as well as secondary sleep deprivation due to pain, sexual dysfunction due to increased lumbar pain, and tension headaches. The clinical documentation submitted stated that the patient has had no specific treatment for either shoulder. Her medications include Zofran, Prilosec, Topamax and Meclizine.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy twice a week for four weeks for the lumbar spine with work conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 125-126.

Decision rationale: The most recent clinical documentation stated that the patient complained of gastritis, nausea, insomnia, headache, dizziness and depression. The patient reported that she had 7 bowel obstructions since her injury, and was now having severe nausea and bloating, as well as right flank pain. She also reported experiencing weakness on the right side primarily. The patient also complained of insomnia, headaches and dizziness. Her medications included Norco, Macrobid, propranolol, Flagyl, and Augmentin. The patient was prescribed Zofran, Prilosec, Topamax, and Meclizine. The patient stated that she received physical therapy following her injury, and this had caused increased pain. Other clinical documentation revealed that the patient complained of pain throughout her low back, right greater than left, with the pain radiating into the lower extremities, on the right greater than on the left. The patient was unable to lift more than 20 pounds and had difficulty sleeping at night. Tenderness to palpation was noted over the lumbar paravertebral musculature and sciatic notch region. Trigger points and taut bands with tenderness to palpation were noted throughout. The patient had significant pain with extension, and ambulated with a stiff, antalgic gait. The patient also stated that her shoulders hurt her when she tried to work at or above shoulder level and lift up objects, left greater than right. The patient's shoulder and lumbar spine range of motion were noted to be decreased. The California MTUS Chronic Pain Medical Treatment Guidelines recommend 8-10 physical therapy visits over 4 weeks for neuralgia, neuritis and radiculitis. Per the documentation submitted for review, it is unclear as to how many physical therapy visits the patient has had to date. The efficacy of the patient's previous physical therapy and conservative care was also not noted. Work conditioning is indicated for patients who are not likely to benefit from continued physical or occupational therapy or general conditioning. The clinical documentation submitted for review does not support the request for physical therapy twice a week for four weeks for the lumbar spine with work conditioning. As such, the request is non-certified.