

Case Number:	CM13-0047934		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2012
Decision Date:	02/20/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehab, has a subspecialty in Interventional Spine and is licensed to practice in California. He 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 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 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:

This patient is a 50-year-old female with date of injury 05/02/2012. The patient presents with chronic low back pain with right lower extremity radiation at intensity of 7/10; 6/10 pain in cervical spine with left/right upper extremity symptoms. Patient has bilateral shoulder pains as well. The report from 09/24/2013 by [REDACTED] lists diagnoses of: 1. Low back pain, rule out intradiscal component. 2. Rule out lumbar radiculopathy. 3. Cervical pain. 4. Bilateral shoulder pain. Under discussion, he states that he reviewed the recent physical therapy notes and was requesting additional therapy 2 times a week for 4 weeks. He states that physical therapy to date has been passive only and the desire was for conditioning/work hardening program. On 09/03/2013 report, the treating physician reviewed the MRI of the lumbar spine from 08/08/2013 demonstrating spondylosis. Patient was to proceed with physical therapy, cervical spine, 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Physical therapy two times a week for four weeks cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient suffers from chronic neck and low back symptoms with radicular features. The treating physician, [REDACTED], has requested additional physical therapy 2 times a week for 4 weeks per his report, 09/24/2013. This request for additional physical therapy was denied by utilization review, 10/23/2013. The rationale was that the "chronic pain treatment guidelines recommend to continue the physical therapy with documented objective evidence of derived functional benefit". Given the lack of symptomatic and functional improvement from previous therapy sessions, the request was being denied. Reviewed the 4 progress reports from 09/03/2013 to 11/27/2013 shows that the patient apparently was completing 8 sessions of physical therapy per 09/03/2013 report. By 09/24/2013 report, [REDACTED] was requesting 8 additional physical therapy sessions stating that, previously, physical therapy was provided passively only and his desire was for conditioning/work hardening program. There were no physical therapy reports available to determine the exact nature of the treatments provided or to confirm the number of treatments. MTUS Guidelines page 98 and 99 allow for 8 to 10 sessions of physical therapy for such conditions as myalgia, myositis, neuralgia, neuritis, and radiculitis. It would appear that this patient has already completed at least 8 sessions of physical therapy. The requested 8 additional therapy sessions would exceed what is allowed by MTUS Guidelines for this patient's type of symptoms and diagnosis. There are no discussions in MTUS Guidelines for continued therapy contingent upon functional improvement for the diagnosis of myalgia, myositis, neuritis, neuralgia. MTUS Guidelines simply allow up to 10 sessions for this type of condition. Recommendation is for denial.