

Case Number:	CM13-0060649		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2008
Decision Date:	04/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 52-year-old with a date of injury of 11/16/2008. The listed diagnoses per [REDACTED], dated 11/12/2013, are: 1) Flare-up of lumbar spine, postoperative microdiscectomy at L5-S1 dated 01/27/2010, 2) postoperative left supraclavicular scalenectomy performed on 06/04/2012, 3) residual cervical/trapezial myofascial pain syndrome and thoracic outlet syndrome of the left upper extremity with right upper extremity radiculitis and 2-mm disk bulges at C3-C7 with moderate central canal stenosis, 4) bilateral shoulder periscapular strain, 5) abdominal pain and gastric upset secondary to medication use, 6) sleep disorder, 7) psychological complaints of depression. According to report date 11/12/2013, patient presents with a flare-up of her low back symptoms along with radiating pain to her lower feet. Patient is requesting a refill of her medication and home care assistant. Treater states the patient has experienced a "mild" flare-up of her low back symptomatology. Due to the patient's recent flare-up, treater is requesting 2x per week for 4 weeks physical therapy to manage and decrease pain levels and muscle spasm. Treater is also requesting home care services for assistance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy: 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.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with a flare-up of lower back complaints. Utilization review dated 11/27/2013 modified certification from eight sessions to two sessions to address the flare-up. However, report dated 11/12/2013 states request is for twelve sessions. The the Chronic Pain Medical Treatment Guidelines allows nine to ten sessions of therapy for myalgia, myositis, and neuritis-type of symptoms. In this case, this patient has received nine postoperative physical therapy between 04/13/2012 and 08/06/2012. The patient is well over the postsurgical time frame, and the treater is requesting twelve sessions due to a recent flare-up. The the Chronic Pain Medical Treatment Guidelines do not discuss maintenance therapy or therapy for flare-up conditions. The request for eight sessions of physical therapy is not medically necessary or appropriate.

Home-care assistance, four hours per day, three days per week, for twenty-four days:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with a flare-up of low back pain. The treater is requesting home care assistance four hours per day for three days (for 24 days). The treater indicates "patient needs assistance with bathing, dressing, self-care, toilet activities, and occasional assistance transferring to and from her bed or other positions, cooking, doing the dishes, doing the laundry, and housework." The Chronic Pain Medical Treatment Guidelines has the following regarding home services: "recommended only for otherwise recommended medical treatment for patients who are homebound on a part-time or intermediate basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services." In this case, the treater is requesting "homemaker" services to assist patient with his recent flare-up. The Chronic Pain Medical Treatment Guidelines homemaker services are not part of a medical treatment. The request for home-care assistance, four hours per day, three days per week, for twenty-four days, is not medically necessary or appropriate.