

Case Number:	CM13-0065567		
Date Assigned:	01/03/2014	Date of Injury:	03/19/2004
Decision Date:	05/16/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/13/2013

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 Interventional Spine, 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 patient is a 56-year-old female with a date of injury of 03/19/2004. The listed diagnoses per [REDACTED] are: 1. Chronic cervical spine strain/sprain with evidence of facet arthropathy. 2. Cervical facet syndrome. 3. C5 to C6 anterolisthesis. 4. Left shoulder impingement syndrome. 5. Status post bilateral carpal tunnel release. 6. Lumbar spine strain/sprain with bilateral lumbar radiculopathy. 7. L3 to S1 degenerative disk disease. 8. Minimal disk bulge 1 mm, L4 to L5. 9. T12 hyperintense lesion. 10. Depression. According to report dated 10/05/2013 by [REDACTED], the patient presents with pain across the low back with radiation to the buttocks, lateral thighs, and posterolateral calf down to the heel. She complains of muscle spasms to the low back. Examination of the lumbar spine revealed moderate bilateral lumbar paraspinous tenderness with 2+ palpable muscle spasm. Lumbar range of motion is flexion 30 degrees, extension 5 degrees, left lateral bending at 10 degrees, and right lateral bending at 10 degrees. Positive straight leg raise on the right at 45 degrees and left at 60 degrees. The treater states the patient remains symptomatic with low back pain and lower extremity pain. She has not had any recent passive or active therapy for over 2+ years. The patient is unable to recall exactly when she underwent physical therapy. Previous therapy was noted as "beneficial." The treater is requesting patient participate in 2 times 6 for low back and lower extremity pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 FOR THE LOW BACK AND LOWER EXTREMITY PAIN:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: This patient presents with continued chronic neck and low back pain. The treating physician is requesting a course of 12 physical therapy sessions as the patient has not had therapy in 2+ years. For physical medicine, the MTUS page 98 and 99 recommends for myalgia, myositis, and neuralgia-type symptoms, 9 to 10 visits over 8 weeks. Review of the medical file from 03/20/2013 to 11/13/2013 does not indicate the patient has had any recent physical therapy. A short course of 9 to 10 visits may be warranted. However, the treating physician's request for 12 sessions exceeds what is recommended by MTUS Guidelines for this patient's type of condition. The patient has not had a recent surgery either. Recommendation is for denial. The physical therapy 2x6 for the low back and lower extremity pain is not medically necessary and appropriate.