

Case Number:	CM14-0129919		
Date Assigned:	08/20/2014	Date of Injury:	04/04/2001
Decision Date:	09/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/14/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 51-year-old female who reported an injury on 04/04/2001 due to an unknown mechanism. Diagnoses were severe degenerative disc disease of the cervical and lumbar spine, adjacent segment disease of the cervical and lumbar spine, cervical and lumbar radiculopathy, cervical and lumbar stenosis, and probable pseudoarthrosis. Past treatments were physical therapy and TENS (Transcutaneous Electric Nerve Stimulation) unit. Diagnostic studies were CT scan, EMG (Electromyography), MRI and bone scan. Surgical history was cervical fusion, and lumbar fusion. The physical examination on 06/18/2014 revealed complaints of getting progressively worse. The injured worker rated the pain at a 9/10 to 10/10 on the pain scale. She recently started physical therapy, and has had 1 session. The injured worker was recently started on Opana, and it was reported that was helping with the pain. There were complaints of neck pain, mid back pain, low back pain, upper and lower extremity symptoms, weight loss and hair loss. The injured worker has significant difficulty with rising from a seated position. There was limited range of motion of the cervical, thoracic, and lumbar spine with severe tenderness throughout the cervical, thoracic, and lumbar spine. Medications were not reported. The treatment plan was to get home healthcare, pain management consultation, psychological treatment, transportation to and from medical appointments, and a lift chair. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Physical Therapy Sessions: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment, and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker had recently had physical therapy. It was not reported that the injured worker had any functional improvement or any measureable gains from the physical therapy. The pain was still rated an 8/10 to 9/10 on the pain scale. It was reported that the injured worker still had limited range of motion, and medications were not reduced. Therefore, the request of twelve (12) Physical Therapy Sessions is not medically necessary and appropriate.