

Case Number:	CM14-0170618		
Date Assigned:	10/23/2014	Date of Injury:	07/06/2012
Decision Date:	12/10/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 49-year-old male who reported an injury on 07/06/2012. The mechanism of the injury occurred while she was working as a home care aide/CNA, she was involved in a motor vehicle accident. She sustained injuries to her neck and upper and lower back. The injured worker's treatment history included medications, injection, acupuncture, chiropractic care for the low back, and MRI of the lumbar spine. The injured worker was evaluated on 07/10/2014 and it was documented the injured worker complained of lumbar spine pain rated at 5/10 on the pain scale. She relates that the pain was associated with tension and stiffness. She also notes that the pain prevents her from bending/stooping. Additionally, she states that she can comfortably sit, stand, and walk for more than 60 minutes. Objective findings of the lumbar spine revealed there was tenderness and hypertonicity noted over the paravertebral muscles. Active range of motion of the lumbar spine is limited due to pain. The treatment plan included the patient to continue to follow-up with a pain management specialist. The injured worker was evaluated on 09/05/2014 and it was documented the injured worker complained of low back pain. The injured worker had been treated with medications. The examination findings revealed the lumbar spine was decreased by 50% of normal range of motion. Diagnoses included cervical and lumbar degenerative disc disease with chronic thoracolumbar and lumbosacral musculoligamentous sprain/strain. The treatment plan included physical therapy for the lumbar spine and a pain management consult. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions of the lumbar spine: 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 request is not medically necessary. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted failed to provide outcome measurements of prior conservative care to include physical therapy. The documents submitted for review stated that, on 06/06/2013, the injured worker stated physical therapy worsened her back pain. It was also documented the injured worker had attended acupuncture and chiropractic care for the low back; however, outcome measurements were not submitted for this review. Additionally, the request that was submitted for review requested physical therapy sessions for the lumbar spine will exceed the recommended amount of visits per the guidelines. As such, the request for Physical therapy 12 sessions of the lumbar spine is not medically necessary.

Pain management referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Independent medical examination and consultations, chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for referral to a pain management specialist for evaluation and treatment of the left shoulder and cervical spine is not medically necessary. The California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker complains of low back pain. However, there is documentation that the injured worker is already being followed by a pain management specialist for care. Furthermore, there is no documentation that the injured worker is having improvement with the current regimen. Therefore, the request for Pain management referral is not medically necessary.