

Case Number:	CM14-0025853		
Date Assigned:	06/27/2014	Date of Injury:	11/07/2013
Decision Date:	08/05/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported an injury on 11/07/2013. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were noted to be medications, physical therapy, and a back brace. The injured worker's diagnoses were noted to be lumbar degenerative disc disease, lumbar strain, thoracic myofascial strain, left shoulder strain, and impingement syndrome/left shoulder. The injured worker had a clinical evaluation on 04/22/2014. His complaints were low back pain with radicular complaints to the knees. He indicated numbness down both legs. Thoracic pain radiates up to his neck gives him associated headaches. The physical exam noted upon inspection of the thoracic spine no scoliosis, tenderness was present on the right and left paraspinal muscles. Range of motion was normal. Upon inspection of the lumbar spine, there was generalized stiffness. Upon palpation, no spasms are indicated; however, tenderness over the paraspinal bilateral muscles, and trigger point was located left of the SI joint. The injured worker had normal gait. Straight leg raise was negative bilaterally. Range of motion is noted to be severely limited with flexion, extension, right lateral flexion, and left lateral flexion. Strength is noted to be normal in both lower extremities, sensation grossly normal in lower extremities and deep tendon reflexes in the lower extremity are reactive and symmetric. The treatment plan is for a referral to a pain clinic, a referral for lumbar facet injections, a request for TENS unit for back pain, and a referral to psychiatry for evaluation. The provider's rationale for the requested therapy was not provided within the documentation for this review. A Request for Authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x a week x 6 weeks for the low back and left shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

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

Decision rationale: The injured worker is a 55-year-old male who reported an injury on 11/07/2013. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were noted to be medications, physical therapy, and a back brace. The injured worker's diagnoses were noted to be lumbar degenerative disc disease, lumbar strain, thoracic myofascial strain, left shoulder strain, and impingement syndrome/left shoulder. The injured worker had a clinical evaluation on 04/22/2014. His complaints were low back pain with radicular complaints to the knees. He indicated numbness down both legs. Thoracic pain radiates up to his neck gives him associated headaches. The physical exam noted upon inspection of the thoracic spine no scoliosis, tenderness was present on the right and left paraspinal muscles. Range of motion was normal. Upon inspection of the lumbar spine, there was generalized stiffness. Upon palpation, no spasms are indicated; however, tenderness over the paraspinal bilateral muscles, and trigger point was located left of the SI joint. The injured worker had normal gait. Straight leg raise was negative bilaterally. Range of motion is noted to be severely limited with flexion, extension, right lateral flexion, and left lateral flexion. Strength is noted to be normal in both lower extremities, sensation grossly normal in lower extremities and deep tendon reflexes in the lower extremity are reactive and symmetric. The treatment plan is for a referral to a pain clinic, a referral for lumbar facet injections, a request for TENS unit for back pain, and a referral to psychiatry for evaluation. The provider's rationale for the requested therapy was not provided within the documentation for this review. A Request for Authorization for medical treatment was not provided within the documentation.