MAXIMUS Federal Services

Case Number:	CM14-0028195		
Date Assigned:	06/13/2014	Date of Injury:	01/18/2013
Decision Date:	07/25/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/05/2014

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 Chiropractic 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:

According to the available medical records, this is a 50 years old female patient with chronic left shoulder, neck and low back pain, date of injury 01/18/2013. Previous treatments include physical therapy, cervical epidural injection, medications, shockwave therapy, acupuncture and TENS unit. Progress report dated 01/29/2014 by the treating doctor revealed patient complains of burning, radicular neck pain, constant, moderate to severe, 6/10, associated with numbness and tingling of the bilateral upper extremities; burning left shoulder pain, 6/10, constant, moderate to severe; burning, radicular lower back pain, 6-7/10, constant, moderate to severe, associated with numbness and tingling of the bilateral lower extremities. The patient states that the symptoms persist but the medications do offer her temporary relief of pain and improve her ability to have restful sleep. C/S exam revealed tenderness at suboccipital region, scalene and trapezius muscle, decrease ROM, sensation is diminished over C5-T1 dermatomes bilaterally, motor strength decreased in bilateral UE. Left shoulder exam revealed tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle, decreased ROM. L/S exam noted pain with heel walking, squats to approximately 40%, toe touch causes pain with the fingers at about 5 inches from the ground, tenderness at paraspinal muscle and lumbosacral junction, decreased ROM, sensation is diminished in bilateral LE, and motor strength is decreased in bilateral LE. Diagnoses included cervical sp/st, cervical spine pain, cervical radiculopathy, left shoulder pain, lumbar sp/st, low back pain, and lumbar radiculopathy. The patient to remain off-work until 02/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY CERVICAL 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175,Chronic Pain Treatment Guidelines Chronic Pain, page 98-99 Page(s): 98-99.

Decision rationale: This patient neck pain is more than 1 year in duration and she has had 38 physical therapy visits with litle change in function. Based on the guidelines cited above, the request for additional physical therapy 2x6 for the cervcial is not medically necessary.

PHYSICAL THERAPY LUMBAR 2X6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288-301,Chronic Pain Treatment Guidelines Chronic Pain, page 98-99 Page(s): 98-99.

Decision rationale: This patient low back pain is more than 1 year and she has had 38 physical therapy visits with litle change in function. Based on the guidelines cited above, the request for additional physical therapy 2x6 for the lumbar is not medically necessary.