

Case Number:	CM14-0032413		
Date Assigned:	06/20/2014	Date of Injury:	06/11/2013
Decision Date:	08/05/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 57-year-old female with date of injury of 06/11/2013. The listed diagnoses per [REDACTED] dated 02/05/2014 are: Chronic neck pain, rule out herniated disk; Right and left shoulder painful motion secondary to chronic neck pain; Chronic low back pain, rule out herniated disk; Complaints of depression, anxiety, and sleep difficulty; Complaints of abdominal pain; Complaints of headaches, slightly improved. According to this report, the patient complains of low back pain at a rate of 6/10 with numbness and tingling to the feet. She also reports 8/10 neck pain radiating to both shoulder blades with associated numbness and tingling in the hands. She reports anxiety, depression, and lack of sleep. The patient states that her headaches have improved. The patient reports right and left shoulder pain at a rate of 6/10. The physical exam shows there is muscle guarding present in the lumbar spine. The patient complains of increasing pain towards terminal range of motion. There is paraspinal musculature tenderness in the lumbar spine and spinous processes. The utilization review denied the request on 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 physical therapy sessions to lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, physical therapy.

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

Decision rationale: This patient presents with low back pain. The treater is requesting 12 additional physical therapy sessions for the lumbar spine. The MTUS Chronic Pain Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The progress report dated 11/22/2013 documents that the patient received 4 sessions of physical therapy to the neck and back with no significant improvement. The MTUS Chronic Pain Guidelines require satisfactory response to treatment including increased level of function or improved quality of life. Given the lack of functional improvement with physical therapy, the requested 12 additional sessions are not medically necessary. Furthermore, the requested 12 sessions when combined with the previous 4 that the patient received would exceed MTUS Guidelines. As such, the request is not medically necessary and appropriate.