

Case Number:	CM14-0048609		
Date Assigned:	06/25/2014	Date of Injury:	05/27/2004
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/28/2014

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 Geriatrics and is licensed to practice in New York. 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 64 year old man with a date of injury of 5/27/04. He was seen by his provider on 1/28/14. He has chronic neck, low back, right shoulder and right wrist pain and is status poste lumbar spine fusion, revision and laminectomy. He has received physical therapy in the past. He had an MRI of his low back in 12/13 with negative findings per the note after he had worsened back pain and right leg radiation. He complained of low back pain with right leg pain and weakness, stress, depression and anxiety and sleep interruption with difficulty falling asleep. His physical exam showed a blood pressure of 137/81 and pulse of 59. He had tenderness of his paraspinal cervical muscles and pain with cervical and lumbar range of motion. He had positive straight leg raises. He had tenderness to shoulder and wrist palpation on the right and pain with range of motion. His diagnoses included multilevel cervical and lumbar disc herniation with radiculopathy, chronic right wrist and right shoulder sprain and sleep disorder due to nocturnal pain with daytime impairment. At issue in this review is physical therapy 3 times per week for 4 weeks to the lumbar spine for infrared, massage, ultrasound and TENS and referral to a sleep disorder specialist.

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 for the low back (consisting of infrared, massage, ultrasound, and Tens directed to the lumbar spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a modality and a self-directed home exercise program should be in place. The records do not support the medical necessity for 12 physical therapy visits in this individual with chronic neck, back, shoulder and wrist pain. The request is not medically necessary.

Sleep specialist referral: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: uptodate: treatment of insomnia.

Decision rationale: Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause or worsen the insomnia and receive general behavioral suggestions, particularly advice regarding sleep hygiene. After this, cognitive behavioral therapy would be trialed first prior to medications. In this injured worker, his sleep pattern, hygiene or level of insomnia is not well documented or addressed. The documentation does not support the medical necessity for referral to a sleep disorder specialist prior to adjustment of medications, sleep hygiene education and behavioral therapy. The request is not medically necessary.