

Case Number:	CM14-0100125		
Date Assigned:	08/06/2014	Date of Injury:	11/15/2010
Decision Date:	12/03/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 11-15-2010. The injured worker is being treated for cervical musculoligamentous injury, cervical myofascitis, thoracic musculoligamentous injury, cervical radiculopathy, thoracic myofascitis, lumbar disc protrusion with annular tears, lumbar facet syndrome, lumbar myofascitis, lumbar radiculopathy, decreased sleep and psych component. Treatment to date has included medications, physical therapy and chiropractic care. Per the Primary Treating Physician's Progress Report dated 5-23-2014, the injured worker reported 6 out of 10 neck pain and stiffness with radiation to the bilateral shoulders 6-8 out of 10 upper mid back pain and 6-8 out of 10 lower back pain with radiation to the bilateral legs with associated numbness and tingling. Objective findings included decreased cervical ranges of motion with tenderness to palpation and muscle spasm of the cervical paravertebral muscles. There was plus 3 tenderness to palpation of the thoracic paravertebral muscles with normal ranges of motion. Lumbar spine examination revealed decreased ranges of motion with plus 3 tenderness to palpation of the lumbar paravertebral muscles and muscle spasm. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The plan of care included home exercise and follow-up with Doctor for C-T-L. Authorization was requested for home exercise. On 6-04-2014, Utilization Review non-certified/modified the request for home exercise and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (online).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: The California MTUS section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any regimen. While exercise is recommended in treatment of chronic pain, there are no details given in the request. There is no documentation of any disability that the patient would require specialized exercise outside a prescribed home exercise program. Therefore, the request is not medically necessary.

Follow-up with (Non MPN) for C/T/L (Consultation): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical reevaluation.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG, states follow up medical visits are based on medical necessity and the patient's progress, symptoms and ongoing complaints. However there is no documented response to previous therapy and visits with the requested physician. Therefore need for follow up cannot be determined and the request is not medically necessary.