

Case Number:	CM14-0215961		
Date Assigned:	01/06/2015	Date of Injury:	03/14/1995
Decision Date:	03/19/2015	UR Denial Date:	11/30/2014
Priority:	Standard	Application Received:	12/23/2014

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 was a 58 year old female, who was injured on the job, March 14, 1995. The injured worker was diagnosed with lumbar strain and lumbar spondylosis. The injured worker lives alone. The injured worker was taking Tylenol #3 for pain. The injured worker rates pain 6-8 out of 10, zero being no pain and 10 being the worst pain. The physical exam noted the injured worker had a normal gait and was able to stand from a seated position with difficulty because of lower back pain. The injured worker could flex forward. The injured worker was tolerating [REDACTED] 3-4 times a week with one Tylenol #3 daily. The injured workers main complaint was of left shoulder pain, increased with over the head use. The physician suggested warm moist heat on the left shoulder. The physician's suggestion for [REDACTED] was for reduction of pain medication use and increase endurance for activities of daily living. The injured worker had tried physical therapy in the past with success. On November 30, 2014, the UR denied authorization for one membership to [REDACTED]. The request was denied based on the MTUS ACOEM guidelines for Chronic Pain Medical treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 [REDACTED] membership.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: Per the MTUS, physical medicine is recommended allowing for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. For myalgia and myositis the guidelines recommend 9-10 visits over 8 weeks. A review of the injured workers medical records reveal that she had not done well with physical therapy but was doing well with [REDACTED] which she was attending 3-4 times a week, the request is for a 6 month membership which exceeds the MTUS physical medicine guidelines of 9-10 visits over 8 weeks and therefore the request for 1 [REDACTED] membership is not medically necessary.