

Case Number:	CM15-0109190		
Date Assigned:	06/15/2015	Date of Injury:	01/20/2015
Decision Date:	12/03/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/05/2015

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: Connecticut, California, Virginia

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 is a 32 year old male, who sustained an industrial injury on 01-20-2015. He has reported injury to the neck, right shoulder, and low back. The diagnoses have included cervical strain; cervical radiculitis; right shoulder strain; shoulder impingement; medial epicondylitis of left elbow; lumbar strain; and lumbar radiculitis. Treatment to date has included medications, diagnostics, bracing, extracorporeal shockwave therapy, and physical therapy. Medications have included Tylenol with Codeine, Naproxen, Cyclobenzaprine, Skelaxin, and Omeprazole. A progress report from the treating physician, dated 02-04-2015, documented an evaluation with the injured worker. The injured worker reported neck pain rated at 6 out of 10 in intensity; the pain is associated with headaches and radicular pain down the back; it is increased with repetitive neck and head movements; lower back pain, rated at 6 out of 10 in intensity; the pain is associated with muscle spasm, tingling, numbness, and radicular pain into the right buttock; the pain is increased with repetitive bending, stooping, and prolonged sitting, standing, and walking; bilateral shoulder pain which is rated at 2 out of 10 in intensity; bilateral elbow pain which is rated 3 out of 10 on the right, and 7 out of 10 on the left; it is associated with numbness and tingling radiating into the hand and fingers; on and off right wrist pain, rated at 9 out of 10 in intensity; and it is associated with numbness and tingling into the fingers. Objective findings included 3+ tenderness to palpation over the bilateral cervical paraspinal muscles, trapezius muscles, and parascapular muscles at C5-C7; 3+ tenderness to palpation is left over the bilateral paralumbar muscles, sacroiliac joints, sciatic notch, and sacral base at L4-5 and S1; positive right antalgic gait; and tenderness to palpation over the bilateral shoulders and elbows. The treatment plan has included the request for 6 physical therapy 2x3 weeks for the lumbar spine as an outpatient. The original utilization review, dated 06-04-2015, non-certified the request for 6 physical therapy 2x3 weeks for the lumbar spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy 2x3 weeks for the Lumbar spine as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement after six visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time. While the patient did not do well with previous physical therapy, it is reasonable that another course at this time be permitted to ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 6 visits to physical therapy with a definitive plan to assess for added clinical benefit prior to further therapy is considered medically appropriate. Therefore, the request is medically necessary.