

Case Number:	CM15-0141539		
Date Assigned:	07/31/2015	Date of Injury:	01/19/2014
Decision Date:	09/10/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old female who sustained an industrial injury to her lower back on 01/19/2014 while pushing a television on a stand as a housekeeper. The injured worker was diagnosed with lumbago, multi-level herniated lumbar discs, right lumbar radiculitis, cervical strain and right shoulder strain. Treatment to date has included diagnostic testing, physical therapy (12 sessions without benefit), lumbar epidural steroid injection, conservative measures and medications. According to the primary treating physician's progress report on June 19, 2015, the injured worker continues to experience low back pain radiating to the right leg associated with paresthesias, numbness and tingling rated at 7-8 out of 10 on the pain scale. The injured worker also reported cervical spine and right shoulder pain rated at 5-6 out of 10. Examination of the lumbar spine demonstrated tenderness from L3 through L5 bilaterally and lumbar facet tenderness at L4-L5 and L5-S1 bilaterally. Lumbar spine range of motion was limited with pain increasing on extension, side bending and rotation. Straight leg raise was positive on the right at 45-degree elevation. Deep tendon reflexes are 1+ on the right and 2+ on the left at the knee and Achilles. The right shoulder was painful to deep palpation with increased pain on shoulder extension, abduction and circumduction. The cervical spine was mildly tender from C3-C6 bilaterally with decreased range of motion. Current medications were listed as Norco 7.5mg-325mg, Naproxen, Flexeril and Omeprazole. Treatment plan consists of lumbar transforaminal epidural steroid injection, change medication to Percocet 10mg-325mg; add Baclofen and the current request for physical therapy twice a week for 6 weeks for the cervical, lumbar spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the cervical spine, lumbar spine and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Physical therapy, Shoulder Chapter, Physical Therapy, Low Back, Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for neck pain, right shoulder pain, and radiating low back pain prior physical therapy included more than 12 sessions without benefit. Treatments also included treatments have also included medications and an epidural injection. When seen, pain was rated at 7-8/10. Physical examination findings included decreased cervical and lumbar spine range of motion. There was lumbar facet tenderness and increased pain with extension. There was positive right straight leg raising. There was pain with right shoulder and right knee range of motion. Recommendations included authorization for 12 physical therapy treatment sessions. The claimant is being treated for chronic pain with no new injury and has already had physical therapy without benefit. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether physical therapy was any more to be effective than it had been previously as well as whether continued therapy was indicated. The request is not medically necessary.