

Case Number:	CM15-0148281		
Date Assigned:	08/11/2015	Date of Injury:	12/22/2014
Decision Date:	09/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female with an industrial injury dated 12-22-2014. The injured worker's diagnoses include pain in bilateral shoulder joint, pain in the right lower leg joint, right medial epicondylitis, right ankle sprain, neck sprain and strain, and pain in limb. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-10-2015, the injured worker presented for neck, bilateral shoulder and low back pain. The injured worker reported numbness and tingling, greater in the right upper extremity, with dysesthesia in the index and middle fingers. Objective findings revealed normal gait and normal muscle tone and strength in bilateral upper and lower extremities. The treating physician reported that the Magnetic Resonance Imaging (MRI) of the lumbar spine revealed L5-S1 disc protrusion and facet arthropathy. The treatment plan consisted of diagnostic studies and physical therapy. The treating physician prescribed services for physical therapy (PT) x 6 for lumbar stabilization/core strengthening, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) x 6 for lumbar stabilization/core strengthening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Physical Therapy.

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

Decision rationale: The patient presents on 06/10/15 with unrated pain in the bilateral shoulders, neck, and lower back with associated numbness and tingling in the right upper extremity. The patient's date of injury is 12/22/14. Patient has no documented surgical history directed at these complaints. The request is for Physical Therapy (Pt) X 6 For Lumbar Stabilization/Core Strengthening. The RFA is dated 06/10/15. Physical examination dated 06/10/15 reveals positive Tinel's sign over the right median nerve of the left wrist. No other abnormal physical findings are noted. The patient is currently prescribed Flexeril, Naproxen, Pantoprazole, and Tramadol. Diagnostic imaging included cervical MRI dated 02/10/15, significant findings include: "Mild spinal canal stenosis due to subtle reversal of normal lordosis and broad-based disc spur complexes... uncovertebral joint arthropathy causes variable degrees of foraminal stenosis most prominent is on the right side at C6-7." Per 06/10/15 progress note, patient is advised to return to work with modifications. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state under Physical Medicine states that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In regard to the 6 sessions of physical therapy directed at this patient's lower back pain, the request is appropriate. There is no evidence in the documentation provided that this patient has received any physical therapy directed at her lower back complaint to date. Utilization review non-certified this request on grounds that: "there is no assessment of recent treatment completed to date... this patient's injury is over a year old." Given the lack of evidence indicating recent physical therapy directed at this patient's lower back pain, a six session series of physical therapy falls within guideline recommendations and is an appropriate intervention. Therefore, the request is medically necessary.