

Case Number:	CM15-0056283		
Date Assigned:	04/01/2015	Date of Injury:	05/13/2013
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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:

This 29 year old female sustained an industrial injury to the low back on 5/13/13. Previous treatment included magnetic resonance imaging, physical therapy, transcutaneous electrical nerve stimulator unit, peripheral percutaneous neurostimulation, psychological care, cognitive behavioral therapy and medications. In a supplemental report dated 2/4/15, the injured worker had completed eight visits of peripheral neurostimulation with some improvement of mood. The injured worker complained of ongoing bilateral severe shoulder and wrist pain with restricted range of motion and findings of adhesive capsulitis. Current diagnoses included chronic pain syndrome, fibromyalgia, insomnia, gastritis, generalized nociceptive tenderness, adjustment disorder, depression, anxiety, chronic lumbar spine sprain/strain, chronic cervical spine sprain/strain and reports of right hearing loss. The treatment plan included further physical therapy, ongoing pain psychology therapy, medications (Cymbalta and Prilosec), continuing home exercise and requesting an ENT evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy visits for the lumbar area: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Per the 02/04/15 and 12/23/14 reports by the requesting physician, [REDACTED] the patient presents with severe bilateral shoulder and wrist pain along with frequent neck and constant lower back pain with decreased range of motion. Her listed diagnoses include chronic lumbar spine sprain/strain. The current request is for 6 Physical Therapy Visits for the Lumbar Area. The RFA is not included; however, the 02/24/15 utilization review states the RFA was received 02/17/15 and this is a prospective request. The patient is temporarily totally disabled. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence the patient is within a post-surgical treatment period. The treating physician does not discuss the reason for this request in the reports provided for review. The 02/11/15 initial PT evaluation for treatment of shoulder wrist neck and back pain is included for review. The assessment from this report states there is decreased functional status due to pain and range of motion and objective and subjective deficits can be addressed by physical therapy. Evaluation of the lumbar spine shows 50% range of motion reduction in all planes with positive Straight Leg Raise. There is no evidence of recent physical therapy lumbar for this patient. The utilization review references therapy in 2009 and 2011. In this case, chronic lower back pain is documented for this patient, PT evaluation shows need for treatment and the requested 6 sessions are within what is allowed by the MTUS guidelines. The request is medically necessary.