

Case Number:	CM14-0110848		
Date Assigned:	08/01/2014	Date of Injury:	09/04/2012
Decision Date:	09/19/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58-year-old female with an injury date of 09/04/2012. Based on the 06/02/2014 progress report, the patient presents with daily intermittent sharp and shooting pain in her neck. She has frequent headaches which she associates with her neck pain as well as stiffness in her neck. She has difficulty sleeping and awakens with pain and discomfort. The patient also has nagging pain in the upper and lower back which, at times, can become sharp, shooting, and throbbing-like. Her pain increases with prolonged sitting and with any lifting. The 04/16/2014 states that the patient last worked on 01/17/2014, at which time, she was taken off to begin on her cancer treatment. "The patient has cancer stage 3 and is receiving chemotherapy. She also suffers with osteoporosis. On about December 2013, she had a TAHBSO for stage 3 ovarian cancer with metastasis. The patient underwent surgery for ovarian cancer removal and abdominal exploratory surgery on 01/20/2014. She also had a tonsillectomy as a teenager." The patient's diagnoses include the following: 1. Cervical sprain/strain. 2. Lumbar sprain/strain. 3. Thoracic sprain/strain. The utilization review determination being challenged is dated 06/12/2014. Treatment reports were provided from 09/04/2013 - 04/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 3 x 6 Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: Based on the 04/16/2014 progress report, the patient complains of neck pain and upper/lower back pain. The request is for physical therapy 3 times 6 for her lumbar spine. There is no explanation or discussion provided as to why the patient needs physical therapy sessions. MTUS Guidelines pages 98 and 99 states that for fibromyalgia and myositis, 9 to 10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In this case, the treater has requested for a total of 18 sessions of therapy for the patient's lumbar spine. A short course of treatment may be reasonable if the patient has flared up, has a new injury or aggravated. However, such documentations are not provided and the requested 18 sessions exceeds what is allowed by MTUS. Physical Therapy (PT) 3 x 6 Lumbar is not medically necessary.