

Case Number:	CM14-0117815		
Date Assigned:	08/06/2014	Date of Injury:	08/09/1999
Decision Date:	10/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/25/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 64 year-old female was reportedly injured on 8/9/1999. The most recent progress note, date d 6/30/2014. Indicates that there are ongoing complaints of Neck and upper extremity pain as well as low back and bilateral lower extremity pain. The physical examination demonstrated Positive tenderness to palpation of the bilateral facet joints and paraspinal muscles from L-1-S-1. Range of motion flexion 115, extension 19, sideband 24 right, 25 left. Hypermobility of the lumbar spine with passive motion testing. 0+ bilateral L4 and S-1 reflexes. Muscle strength 5/5 bilateral lower extremities No recent diagnostic studies are available for review. Previous treatment includes Surgery, medications, and physical therapy. A request had been made for Physical therapy of the lumbar spine 3 times per week for 4-6 weeks, follow-up appointment, and was denied in the pre-authorization process on 7/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation and Treatment for the lumbar spine 2-3 times per week for 4-6 weeks (physical therapy evaluation) and (therapeutic exercises): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter

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

Decision rationale: MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent 6 sessions of functional restoration therapy and in the absence of clinical documentation to support excessive/additional number of visits, this request is not considered medically necessary.

Follow-up appointment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Office Visits. 8/22/2014.

Decision rationale: ODG recommend office visits as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. After review of the medical records provided there was insufficient documentation for scheduled follow-up's at this time. Therefore this request is deemed not medically necessary.