

Case Number:	CM14-0143703		
Date Assigned:	09/12/2014	Date of Injury:	11/29/2013
Decision Date:	11/10/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/04/2014

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:

This patient is a 59 year old female with an injury date of 11/28/13. Based on the 6/24/14 progress report by the performing provider, [REDACTED] QME, this patient complains of "lower back pain with radicular pain into the lower extremities" and "numbness of the three fingers on the left hand." An exam of the lumbar spine reveals "3+ tenderness and spasms over the sacroiliac joint and sacral base, bilaterally and over the spinous processes from L1-S1, bilaterally. Straight leg raising is positive at 70 degrees, bilaterally, with localized pain. Kemp's test is positive, bilaterally. This patient is "able to toe walk, heel walk, and squat with pain." There is positive Fabere's test over the right SI joint with pain with tenderness over the sacrooccygeal joint. Exam of the left wrist shows positive Tinel's at the carpal tunnel.-3/26/14 MRI of the Lumbar Spine noted L1-L5 images unremarkable and at L5-S1, which shows "minimal dehiscence of the nucleus pulposus with a 2 mm bulge indenting the anterior portion of the lumbosacral sac. No significant decrease in AP sagittal diameter. Marked hypertrophy of the articular greater on the right than the left with marked thickening of the ligamentum flavum bilaterally, contributing to compromise of the AP sagittal diameter of the lumbosacral canal."-4/03/14 Needle EMG and Nerve Conduction Study of Bilateral Extremities findings reported a "normal EMG study of the bilateral extremities" and "evidence of moderately severe bilateral median sensory demyelinating neuropathy across the wrists (carpal tunnel) and overall no significant involvement of the motor fibers." -4/23/14 Therapy progress notes indicate "Total visits including last report: 7."-5/27/14 to 7/16/14: Clinical notes indicate this patient received 13 sessions of physical therapy-6/23/14 Qualified Medical Evaluation (QME) exam reveals checking two-point discrimination, while this patient complains of "numbness on her left index, middle, and ring fingers, she is accurate with little as 5 mm or 6 mm, so there is no objective

evidence of numbness at this time. Fingertips extend completely and flex completely into the proximal middle and distal palm." Spinal examination revealed "no abnormalities" in the cervical spine and "I do not detect any spasm. Also, "despite some discomfort with dorsiflexion of the foot, "she does not have really true Lasegue reaction." ██████████ "did not find objective evidence of measurable orthopedic impairment," nor was any objective findings or evidence provided with ██████████ 12/23/13 diagnosis of lumbar radiculopathy or ██████████ follow-up with sacroiliac joint sprain, coccyx sprain. Diagnoses for this patient are: 1. Right SI joint dysfunction. 2. Right sacroiliitis. 3. Lumbar psine sprain/strain, rule out herniated disc. 4. Coccydynia. 5. Possible carpal tunnel syndrome. Work status as of 6/25/14: This patient remains temporarily totally disabled for four to six weeks. The utilization review being challenged is dated 8/11/14. The request is for Physical Therapy 2xWk x 4Wks Lumbar Spine and Hand. The requesting provider is ██████████ and he has provided various reports from 2/04/14 to 6/24/14. (Note: pages 64 to 103 of submitted documents belong to a different patient.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 4 weeks Lumbar Spine and Hand: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. MTUS Post-Surgical Guidelines, Carpal Tunnel Syndrome, Page(s): 98, 99, 15.

Decision rationale: This patient reports low back pain with radicular pain into the lower extremities and numbness in three fingers of the left hand. The physician requests Physical Therapy 2xWk x 4Wks Lumbar Spine and Hand. This patient clearly states "she is not improving" per the 6/25/14 progress report. Reviewed reports do not indicate she has not had any surgical interventions/procedures to her spine or hand. The MTUS guidelines, pages 98-99, allow for fading of treatment frequency, plus active self-directed home physical medical; for myalgia and myositis, unspecified, 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. MTUS states "there is limited evidence demonstrating the effectiveness of PT (physical therapy or OT (occupational therapy) for CTS (carpal tunnel syndrome), though evidence may justify 3-5 visits over 4 weeks after surgery. This patient has received at least two sessions of acupuncture in February of 2014, though total number unknown. This patient also received at least 19-20 therapy sessions, from as early as April, through July of this year. On 5/20/14, she was prescribed an inferential unit, LSO Back Support and Wrist Brace/Splint. In the 6/23/14 QME report, the reviewer "did not find objective evidence of measurable orthopedic impairment." Given the lack of documentation indicating functional deficits or improvements made for this patient, an additional 8 courses, to the 19-20 that she has already received, exceeds MTUS guidelines. Furthermore, there is no reason why this patient cannot reasonably transition to a home exercise program. The request is not considered medically necessary.