

Case Number:	CM14-0146674		
Date Assigned:	09/12/2014	Date of Injury:	10/20/1999
Decision Date:	10/15/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/09/2014

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 53 year old male with an injury date of 10/20/99. The 08/08/14 report by ■■■ states that the patient presents with persistent bilateral shoulder, neck and low back pain. Neck and back pain is rated 3-8/10. The patient also presents with numbness and tingling in the bilateral upper and lower extremities as well as sometimes severe spasms in the neck and back. He has not worked since 1999. Examination reveals mild tenderness with palpation of the cervical paraspinals bilaterally. He has pain with facet loading of the cervical spine and lumbar spine bilaterally. The patient's diagnoses are as follows:1. Cervical stenosis at C5-6 and C6-7.2. Right lumbar radiculopathy3. Status post bilateral ulnar nerve release4. Status post left shoulder surgery5. History of severe GI pathology, including rectal bleeding.The utilization review being challenged is dated 09/02/14. Treatment reports were provided from 02/13/14 to 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy , right upper extremity x8: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The patient presents with persistent back and neck pain rated 3-8/10 with occasional spasms, bilateral shoulder pain, and tingling and numbness in the bilateral and upper and lower extremities. The treater requests for 8 physical therapy sessions (2x4 weeks) to help decrease pain and increase strength, range of motion and activity level. 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. Reports provided document that the patient received 5 chiropractic visits with mild relief and 24 acupuncture visits with significant but temporary help (dates unknown). In this case, the treater would like the patient to have therapy to decrease pain and increase strength. Review of the reports show that it has been a number of years since any therapy. The request appears reasonable given the patient's chronic pain condition. Recommendation is for authorization.