

Case Number:	CM14-0181030		
Date Assigned:	11/05/2014	Date of Injury:	01/13/2013
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/31/2014

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 Internal Medicine, 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 injured worker (IW) is a 61-year-old woman who sustained an injury to the neck and low back on January 13, 2013 after lifting an 8-foot pole at work. The IW is diagnosed with lumbar spinal stenosis with radiculopathy, bilateral carpal tunnel syndrome, degenerative disc disease of the cervical spine, and osteoarthritis. An MRI dated March of 2013 reportedly showed L4-L5 disc and multilevel degenerative changes. The IW has undergone bilateral L5 transforaminal epidural steroid injection (ESI) and L5-S1 intraarticular facet injection on May 14, 2013. According to the July 28, 2014 evaluation, the IW complained of constant, severe 7/10 pain in the low back aggravated by prolonged sitting, bending, and carrying heavy objects. She also had 5/10 neck pain. Examination showed paracervical trigger areas, paralumbar guarding and tenderness in the right sacroiliac. Range of motion of the cervical spine and lumbar spine was normal. The rest of the physical examination findings were unremarkable. On her most recent evaluation dated September 5, 2014, the IW complained of moderate pain in the back rated 6/10 in intensity with radiation to the right leg. She was also having cramps for several days. Zipsor was noted to help a little with the pain. TENS unit was also beneficial. Physical examination showed tenderness at the right sacroiliac and decreased sensation to the right leg. The provider prescribed Naprosyn 500mg and submitted a request for Ambien and Terocin patch. There was no documentation of previous physical therapy (PT) session directed to the cervical spine and lumbar spine or response to treatment, if any. It is unclear if the request is for initial PT or continuation of PT. There are no recent subjective or objective physical findings of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 physical therapy visits with evaluation for the neck and lower back between 10/20/2014 and 12/4/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, 10 physical therapy visits with evaluation for neck and lower back between October 20, 2014 and December 4, 2014 are not medically necessary. The ODG provides indications for physical therapy. Allow for fading of treatment frequency (from up to three visits per week to one or less) plus active self-directed home physical therapy. The ODG preface indicates a six visit clinical trial is indicated to see if the patient is moving in a positive direction, no direction or negative direction. In this case, the injured worker is a 61-year-old woman with injury to the neck and lower back. Examination shows paracervical trigger areas, paralumbar guarding and tenderness in the right sacroiliac region. Range of motion of the cervical and lumbar spine was normal. The remainder of the physical examination was unremarkable. The injured worker had a TENS unit in the past and was beneficial. The documentation did not show evidence of previous physical therapy directed to the cervical and lumbar spine or the response to treatment, if any. In the most recent set of progress notes there were no subjective complaints and objective findings of the cervical spine to warrant physical therapy sessions. Consequently, the 10 sessions of physical therapy visits with evaluation for neck and lower back between October 20, 2014 and December 4, 2014 are not medically necessary.