MAXIMUS Federal Services

Case Number:	CM14-0112075		
Date Assigned:	08/01/2014	Date of Injury:	07/16/2010
Decision Date:	05/01/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 41-year-old female who sustained an industrial injury on 07/16/2010. The mechanism of injury is documented as a fall injuring her coccyx and her back. Treatment to date includes MRI of cervical, lumbar and thoracic spine, medication, chiropractic therapy, physical therapy and trigger injections to her back. She presents on 06/12/2014 complaining of intermittent moderate pain in her low back, radiating to the bilateral legs with numbness and tingling. She also complained of moderate neck pain, which radiated to both shoulders. Physical exam revealed tenderness and restricted range of motion of the cervical spine. Exam of the lumbosacral spine revealed increased tone and tenderness with muscle spasms. Diagnoses included cervical spine sprain/strain with radicular complaints, lumbar spine sprain/strain with radicular complaints and gastritis. Cervical MRI is noted to show 4 mm central disk protrusion with annular tear at the cervical 6-7 level. Lumbar spine MRI is noted to show evidence of 2-3 mm disk bulge at lumbar 4-5. Treatment plan included physical therapy; consult with internist regarding abdominal pain and gastritis and consultation with a rheumatologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Consult And Treatment, 2 Times Per Week For 4 Weeks, With Cpt Codes 97140 (Manual Therapy) And 97024 (Diathermy , Example Microwave): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The request is for 8 Sessions Of Physical Therapy. MRI of the lumbar spine shows 2-3 mm disk bulge at lumbar 4-5. MRI of the cervical spine shows 4 mm central disk protrusion with annular tear at the cervical 6-7 level. The patient is currently not working. For non-post- operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the 05/13/14 AME's report indicates that the patient has had physical therapy in the past. The treater does not explain why additional therapy is needed. None of the reports specifically discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. The request of physical therapy Is Not medically necessary.

Consult With Internist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The request is for Consult With An Internist. Per 05/13/14 AME's report, the patient has utilized Vicodin, Colace, IM Toradol, Naproxen and Omeprazole. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psycho-social factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treater requested consult with an internist regarding her abdominal pain and gastritis. It would appear that the patient complains of abdominal pain from the intake of Naproxen. The patient complains of abdominal pain and discomfort, which she attributes to medication intake. One of the diagnoses is Gastritis. Given the patient's condition and diagnosis of Gastritis, the request for consult appears reasonable. The request Is medically necessary.

Consult With Rheumatologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and lower extremity. The request is for Consult with a Rheumatologist. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treater does not explain why consult with a rheumatologist is being requested. None of the reports discuss the patient's rheumatic condition or joint disorder. The request Is Not medically necessary.