

Case Number:	CM14-0193552		
Date Assigned:	12/01/2014	Date of Injury:	10/20/1999
Decision Date:	01/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 54 year old male with DOI 10/20/99. Per treating physician's report 10/2/14, the patient presents with persistent bilateral shoulder, neck and low back pain, at 7-8/10, with pain ranging from 3-8/10. Low back pain is increasing at this time, with numbness and tingling in his bilateral upper and lower extremities. The patient continues to wait for PT authorization and GI consult. The patient had 5 chiropractic and 24 acupuncture visits with temporary help and continues with home exercises. The patient is currently not working. Examination findings show decreased ROM of neck and back, muscle strength at 4+/5. The listed diagnoses are: Cervical stenosis at C5-7; Right lumbar radiculopathy; S/p (status post) bilateral CTR; S/p bilateral ulnar nerve releases; S/p left shoulder surgery; Hx of severe GI pathology, including rectal bleeding. Treatment recommendation was to continue to request PT and continue medications. Supplemental report from 9/3/14 discusses an appeal for denial of Tramadol. Progress report from 8/8/14 has the patient's pain at 8/10, continues to be severe. Continue to ask for PT as requested to "help decrease his pain, increase his strength, increase his range of motion, and increase his activity level." A 7/16/14 report is an appeal for denied therapy which was previously denied on 7/11/14. The treating physician restates the patient's symptoms and persistent pain, and is appealing denied therapy to improve the patient's pain and function. The patient's pain is slightly increased from prior visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy for the cervical spine, 8 visits,: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic shoulder, neck and low back pains. Review of the reports show that the treating physician has been asking for therapy since middle of 2014, which was initially denied on July 2014. The treating physician would like the patient to receive 8 sessions of therapy to improve the patient's pain and function. The reports indicate that the patient's pain has worsened recently. The reports do not show a recent history of physical therapy but the patient has had chiro and acupuncture with temporary relief. Regarding the number of therapy treatments for myalgia, myositis, neuralgia/neuritis, MTUS page 98 and 99 recommend 8-10 visits. In this case, the records do not show a recent history of physical therapy. The utilization reviewer denied the request stating, "When noting that multiple modalities of chiropractic care and acupuncture have been employed and that only a short-term improvement is noted...considering the date of injury, the current physical examination findings tempered by the parameters outlined in the MTUS there is no basis to think that this additional physical therapy would demonstrate any efficacy." However, prior response to chiro/acupuncture treatments does not weigh into whether or not physical therapy is indicated. Given that the patient has not had any recent therapy and the patient's decline in function as well as increase in pain, a short course of therapy may be reasonable. The request is medically necessary.