

Case Number:	CM14-0194790		
Date Assigned:	12/02/2014	Date of Injury:	02/04/2014
Decision Date:	02/09/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab, 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 31 year old female with an injury date of 02/04/14. Based on the progress report dated 08/29/14, the patient complains of lower back pain rated at 4-5/10. The pain increases with any type of activity. Physical examination reveals tenderness in thoracolumbar junction at the level of T9 to about L1 and also between L3-4 and L4-5 spinous process and interspinous spaces. The patient also suffers from right shoulder pain, as per progress report dated 07/23/14. As per progress report dated 06/30/14, there is 2+ tenderness bilateral paraspinal muscles, bilateral trapezius and parascapular muscles, and cervical spine process from C5 through C7. Cervical compression test and shoulder depression test were positive bilaterally. The patient has benefited from chiropractic treatment as per progress report dated 08/29/14. The patient received a cortisone injection which helped reduce her shoulder symptoms significantly, as per progress report dated 07/23/14. Medications, as per progress report dated 04/21/14, included Baclofen, Flurbiprofen, and L-acetyl carnitine. The patient has been allowed to return to work with restrictions, as per progress report dated 08/29/14. MRI of the Right Shoulder, 03/14/14: Tendinosis and peritendinitis of the supraspinatus tendon. MRI of the Lumbar Spine, 04/30/14: Broad 2 mm midline disc protrusion resulting in effacement of the anterior thecal sac with some abutment of the decreasing L5 nerve roots bilaterally with mild central canal narrowing. X-ray of the Lumbar Spine, 03/12/14: Mild left inclination of the lumbar spine. Diagnoses, 08/29/14- Lumbosacral sprain/strain- Sacroiliac joint dysfunction- 2 mm disc bulge at L5-S1- Lumbar radiculitis on the right. The treater is requesting for PHYSICAL THERAPY TIMES 6 SESSIONS, LOW BACK. The utilization review determination being challenged is dated 10/23/14. The rationale was "There is no documentation of previous physical therapy response to previous physical therapy, and no documentation of how many physical therapy visits had been completed to date." Treatment reports were provided from 02/04/14 - 08/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 6 sessions, low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The patient presents with lower back pain rated at 4-5/10, as per progress report dated 08/29/14. The request is for physical therapy times 6 sessions, low back. The patient also suffers from right shoulder pain, as per progress report dated 07/23/14. MTUS pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." Per physical therapy report dated 06/27/14, the patient has received 8 sessions from 05/28/14 to 06/27/14 for her lower back. In progress report dated 05/30/14, the treater states that the patient has done "some physical therapy to help increase her strength..." However, there is no discussion about physical therapy and its benefits in the subsequent reports. In fact, the UR letter states that the treater is requesting for physical therapy in progress report dated 08/29/14 but only a request for chiropractic treatment can be found upon review. The progress reports do not discuss the need for additional therapy. Additionally, the treater's request for another 6 cases exceeds what is allowed by MTUS in non-operative cases. The request is not medically necessary.