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| Case Number: | CM14-0210673 | | |
| Date Assigned: | 12/23/2014 | Date of Injury: | 03/16/2013 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/16/2014 |

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 29 year old female with date of injury 03/16/14. The treating physician report dated 10/22/14 (121) indicates that the patient presents with pain affecting the lower back with right lower extremity symptoms rated a 6/10 with right shoulder pain rated a 5/10. The physical examination findings reveal tenderness of the lumbar spine, limited lumbar ranges of motion, positive straight leg raise, spasms, and limited right shoulder ranges of motion with tenderness and positive impingement sign. Undated lumbar MIR reveals 3-milimeter disc protrusion at L4-5 and L5-S1. Prior treatment history includes previous physical therapy, of which the patient did not appear to benefit. The current diagnoses are: 1. 3 mm protrusion L4-5 and at L5-S1 with foraminal stenosis2. Rule out impingment/rotator cuff pathology, right shoulder3. Reactive anxiety with resultant isolation behavior The utilization review report dated 11/24/14 (3) denied the request for Physical Therapy 3x4 Lumbar Spine based on prior physical therapy with no discernable benefit from same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 Lumbar Spine: 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 Medicine Page(s): 98-99.

Decision rationale: The patient presents with pain affecting the lower back with right lower extremity symptoms rated a 6/10 with right shoulder pain rated a 5/10. The current request is for Physical Therapy 3x4 Lumbar Spine. The treating physician states there is tenderness in the lumbar spine, right shoulder range of motion limited with pain, and sings of positive impingement. The MTUS guidelines state that for myalgia and neuritis type conditions that 8-10 sessions are recommended. In this case, the treating physician has not indicated recent surgery so the post-surgical guidelines are not indicated for use. The current request is outside of the recommended 8-10 sessions, and the treating physician has not documented any new injury or extraordinary circumstance to provide treatment outside of the guidelines. The current request is not medically necessary.