

Case Number:	CM14-0102987		
Date Assigned:	07/30/2014	Date of Injury:	06/16/2013
Decision Date:	09/26/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/03/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 is a 34-year-old female who reported an injury on 06/06/2013. The mechanism of injury was carrying heavy items. The injured worker was noted to have chronic mild cervical myofascial sprain/strain, shoulder pain, and L5-S1 central disc protrusion. She also reported suffering from depression and anxiety. A 02/13/2014 Agreed Medical Examination noted that in her deposition on 01/14/2014, she reported taking a "sleeping pill", Tylenol, Buspirone, Citalopram, Alprazolam, Genicin, Flurbi, Gabacyclotram cream, Tramadol. It was also indicated she attends physical therapy twice weekly. She reported her lower back "hurt a lot" and the pain radiates to her legs. The injured worker reported she cooked, washed dishes, laundry, and went shopping. As per the physical examination findings, her back flexion was 70 degrees and extension was 20 degrees. Her gait was normal and she had bilateral moderate paraspinous tenderness with guarding. On 01/21/2014, the injured worker had an MRI of the cervical spine and of the right shoulder followed by an MRI on 01/22/2014 of the lumbar spine. The MRI of the lumbar spine noted a 5mm disc protrusion at L5/S1 causing moderate central canal stenosis and a 1cm sacral meningocele cervical spine perneural cyst at S3. The physician suggested the injured patient was a candidate for surgery, and future treatment may include L5/S1 discectomy and fusion; however, she did not require epidural injections since she did not have radiculopathy. The plan was for Physical Therapy 2x per week for 3weeks for the lumbar area. The rationale for request and request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 3Wks lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disabilities guidelines.

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

Decision rationale: Based on the information submitted for review, the request for physical therapy 2x per week for 3 weeks is not medically necessary. The injured patient reported a work injury by carrying heavy objects. She reported cooking, washing dishes, doing laundry, and shopping. It is noted that she was attending physical therapy twice weekly. As per the California Chronic Pain Medical Treatment Guidelines, up to 10 visits of physical medicine treatment, plus active self-directed home exercise, may be recommended for patients with unspecified myalgia and myositis to promote functional gains. The injured worker was noted to have range of motion deficits upon examination on 02/13/2014. However, while it was noted that she was attending physical therapy twice weekly, details regarding this treatment were not provided. Therefore, it is unclear how many visits she has completed to date and whether she has made functional gains with that treatment. In the absence of this information, the necessity of additional visits cannot be established. As such, the request for physical therapy 2x per week for 3 weeks for the lumbar spine is not medically certified.