

Case Number:	CM13-0039923		
Date Assigned:	12/20/2013	Date of Injury:	10/17/2007
Decision Date:	01/30/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease 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 physician 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 54-year-old female who reported an injury on 10/17/2007. The mechanism of injury was noted to be a fall. The patient's diagnoses include history of low back pain, status post surgical intervention in 04/2010 with a reported postoperative spinal cord injury; T8 paraplegia, ASIA D Brown-Sequard like; incomplete neurogenic bowel and bladder; and neuropathic and musculoskeletal pain. Objective findings include decreased sensation below the T8 level, it specifies that it is decreased to light touch on the right side; and decreased to pinprick and temperature on the left side. Reflexes are intact bilaterally, and motor strength is decreased in the bilateral lower extremities. The patient was noted to be seeing a spine specialist, [REDACTED], as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Day treatment program (PT and OT) 3 full days a week x 12 weeks for 36 total visits:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy

Decision rationale: A recommendation was made for a transitional rehab service day program for her diagnoses of incomplete spinal cord injury, Brown-Sequard with spasticity, impaired mobility, impaired ADL, neurogenic bowel and bladder. The documentation specifically notes that this referral is not being made for chronic pain. The California MTUS Guidelines are specific to chronic pain, and their physical medicine guidelines address myalgia, neuralgia, and reflex sympathetic dystrophy nonspecifically. The Official Disability Guidelines for low back conditions recommend physical therapy for spinal cord injuries as 48 visits over 18 weeks for postsurgical treatment, and 8 visits over 10 weeks for medical treatment. Additionally, the guidelines state that physical medicine treatment including physical therapy, occupational therapy, and chiropractic care should be an option when there is evidence of a musculoskeletal or a neurologic condition that is associated with functional limitations, and it is likely that the functional limitations would respond to skilled physical therapy treatment. It is noted that [REDACTED] stated that the patient had functional limitations with potential for rehabilitation; however, the patient's spinal specialist, [REDACTED], noted on 08/09/2013 that he doubted there was much chance for further neurologic recovery, given that it has been over 3 years since her injury. He also indicated that her future treatment should focus on her pain relief, as he felt that there was not much chance for functional recovery at this point. Therefore, the patient is not noted at this time to have functional limitations which are likely to respond to skilled physical medicine treatment. Additionally, it is noted that the patient has been involved in standard physical therapy with little to no functional gains previously. For these reasons, the request is non-certified.