

Case Number:	CM13-0052502		
Date Assigned:	12/27/2013	Date of Injury:	10/16/2012
Decision Date:	03/19/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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 47-year-old employee for [REDACTED] injured on 12/3/2010 and on 10/16/2012. The mechanism of injury was lifting and sustained injury to his low back. His back complaints resolved per [REDACTED] report in 07/12 but patient developed neck pain. MRI (magnetic resonance imaging) of the cervical spine demonstrated multi-level pathology with stenosis. The provider determined that the patient could have possibly suffered injury to the neck on 12/3/2010 as well as the lumbar spine. QME (Qualified medical evaluator) completed by [REDACTED] noting cervical spine compensable for cumulative trauma with DOI (date of injury) 10/16/12, date of QME. The patient had a C5-6 & C6-7 artificial disc replacement and total disc arthroplasty on 05/07/2013. Acupuncture for physical therapy to the lumbar spine 2x4 (7/13) 2x4 (9/13). X-Ray of C-spine 2-3 views dated 08/09/2013 showed straightening of the normal lordotic curvature of the cervical spine, there is intervertebral disk C5-6 and C6-7. No evidence of anterior retrolisthesis, no evident of osteolysis along the prosthesis, there is persistent slight prominence of the soft tissues in the prevertebral space that is unchanged from the prior. A 06/26.2013 x-ray of the C-Spine 2-3 views status post artificial disks at C5-6 and C6-7, without evidence of subsidence or lucency, no fractures, straightening of the normal curvature, and mild pre-vertebral swelling. On 06/03/2013 EMG (Electromyography) & NCV (nerve conduction velocity) findings. The EMG/NCS studies of the bilateral upper extremities were normal. On 06/05/2012 MRI (magnetic resonance imaging) of the cervical spine without contrast. C5-6 showed mild disc height loss and degeneration. Mild bilateral uncovertebral joint hypertrophy and 3 mm central disc protrusion. This is associated with effacement of CSF (Cerebrospinal fluid)ventrally of the thecal sac and moderate spinal stenosis. The spinal canal measures 7 mm. In addition, there is mild bilateral foraminal narrowing axial image 16-17. C6-7 showed mild disc height loss and degeneration. Moderate bilateral uncovertebral joint hypertrophy with moderate

to severe bilateral foraminal narrowing, axial image 20-21. Mild central canal stenosis. The spinal canal measures 9mm. 05/05/2013. X-ray of the C-Spine 4+ views 02/15/2013. Mild degenerative disk disease at C6-7. No instability on flexion or extension. On 02/06/2013 Lumbar epidural and transforaminal injections. 12/19/2012 Cervical epidural injections with fluoroscopic guidance. A clinic note dated 09/20/2013 indicates on exam, there was no apparent distress and of muscular build. Mood and affect was normal, happy and appropriate to situation. Muscle strengths is 5/5 for all groups tested in bilateral upper extremities. Range of Motion: Cervical ROM is normal with full flexion/extension and rotation. Impression was post operative follow up, cervical spondylosis, lumbar strain/sprain, degenerative disc disease, and pain in thoracic spine. Physical therapy 8 sessions for the lumbar spine is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: This patient continued to have chronic neck and lumbar spine pain. The patient previously had a total of 16 sessions of physical therapy between neck and lower back. A physical therapy note dated 10/16/13 indicates that objectively the patient was able to flex to the floor, 1 inch deficit in left and right lateral side bending, and bilateral rotation 100%. The patient was discharged from therapy for lumbar spine. It is unclear why there is a need for continuation of treatment when there is no further functional improvement anticipated. Additionally, according to guidelines patient should be instructed to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is no mention that patient participated in home exercise program. There is insufficient evidence to support additional course of physical therapy would be of greater benefit and hence the request is non-certified.