

Case Number:	CM13-0053532		
Date Assigned:	12/30/2013	Date of Injury:	04/18/2012
Decision Date:	03/14/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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 49-year-old male with a date of injury on 04/18/2013. Per [REDACTED] report on 10/21/2013, the listed diagnoses are: 1) cervical spine discogenic neck pain; 2) lumbar spine discogenic back pain; 3) history of spinal abscess with anterior/posterior fusion/decompression, residual spinal cord damage at C7 and T1; 4) posttraumatic stress; and 5) pulmonary embolus. Under subjective complaints, the patient is very depressed. He states that he cannot walk without a walker. He feels tightness in his legs. Examination showed hyperreflexia in bilateral upper and lower extremities, grade 4/5 strength in bilateral lower extremities with 3/5 strength at the finger flexors/finger abductors, diminished grip strength, atrophy of the interosseous muscles bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for eight (8) weeks for the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines

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

Decision rationale: This patient presents with a spinal column abscess, status post cervical fusion from C6 to T12. The patient did suffer incomplete spinal cord injury and has quadriparesis with notable weakness in the legs and the upper extremities, and atrophies noted in the hands, 3/5 to 4/5 strength in both upper and lower extremities. The patient underwent acute inpatient rehab from 05/24/2013 to 06/20/2013. The patient was discharged with [REDACTED] as his treating physician. Review of the reports subsequent to acute inpatient hospitalization, 07/02/2013 to 01/07/2014, shows that the patient has had fluctuating course of events. [REDACTED] reporting on 11/04/2013 indicates that the patient took a fall in October 2013 and that there no fractures, but there was a setback. The patient was apparently working with "[REDACTED]" that do specialize in spinal cord injury. On 10/15/2013, [REDACTED] was requesting additional physical therapy, stating that the patient had physical therapy and was making improvements. The 10/21/2013 report by [REDACTED], recommended continued physical therapy. By 11/05/2013, patient was walking about 20 feet with minimal assist down the hallway. [REDACTED] requested additional physical therapy three (3) times a week for four (4) weeks. The 01/07/2014 report by [REDACTED] is a narrative one, requesting readmission into the hospital as the patient's condition had declined despite working on leg strength and upper extremity strength at home. The current dispute is over physical therapy two (2) times a week for eight (8) weeks (16 sessions in total). However, it is difficult to tell when this request was precisely placed. It would appear to have been sometime around October 2013 (based on 10/15/2013 report where [REDACTED] was requesting additional physical therapy. This request was modified per 11/08/2013 report Utilization Review, to eight (8) sessions. There is a request for authorization letter; requesting physical therapy two (2) times a week for eight (8) weeks, but this report does not have a date on it. The Chronic Pain Guidelines indicate that for fracture of vertebral column with spinal cord injury, 48 sessions of physical therapy is recommended over 18 weeks. The file provided did not include any physical therapy notes other than therapy notes during 05/24/2013 to 06/20/2013 inpatient rehabilitation. Typically, physical therapy is provided on daily basis when a patient is inpatient and sometimes up to two (2) sessions. I surmise that this patient had 20 to 25 sessions of physical therapy during inpatient period. Following discharge, [REDACTED], on his 01/07/2014 report, indicates that the patient subsequently had twelve (12) physical therapy sessions at [REDACTED]. Then, there are references through patient receiving physical therapy at "[REDACTED]." Recommendation is for authorization of the request of sixteen (16) sessions of physical therapy. This patient has a spinal cord injury with fluctuat

Thoracic MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back (Lumbar and Thoracic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with an incomplete spinal cord injury, status post abscess removal and cervical fusion from C6 to T12. The dispute is over thoracic MRI, but despite review of 1073 pages of reports provided, I was not able to see the actual report or request for authorization form for thoracic MRI. The Utilization Review letter from 11/08/2013

denied the request stating that the patient already had a thoracic MRI. There is a qualified medical exam (QME) report from 10/23/2013 that describes the thoracic MRI from 05/15/2013, which was an unremarkable unenhanced MRI. The Official Disability Guidelines require the emergence of red flag and physiologic evidence of tissue insult and neurologic dysfunction for special studies. The medical records provided for review do not show evidence of any reports that discussed the request for an MRI of the thoracic spine. There is no indication as to why another thoracic MRI is required, when one was already obtained on 05/15/2013. Following the patient's fall sometime in October 2013, the x-rays of the C-spine were negative. There were no new symptoms other than the patient's trepidation. The 01/07/2014 report by [REDACTED], describes a decline in function and strength in the lower extremities. However, this request for thoracic MRI is from sometime in October 2013. Recommendation is for denial.