

Case Number:	CM13-0062663		
Date Assigned:	12/30/2013	Date of Injury:	02/07/2005
Decision Date:	05/16/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 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 patient is a 49-year-old male with a date of injury of 02/07/2005. The listed diagnoses per [REDACTED] are: 1. Cervical myoligamentous injury with 3- to 4-mm disk protrusions. 2. Bilateral upper extremity radiculopathy, right greater than left. 3. Lumbar spine sprain/strain syndrome. 4. Bilateral upper extremity radiculopathy, left greater than right. 5. Medication-induced sexual dysfunction. According to report dated 05/09/2013, the patient continues to complain of pain in his neck which radiates into his left upper extremity. He rates his pain today 09/10 in intensity. The patient also complains of pain in his lower back which radiates down to his left lower extremity. The patient currently takes MS Contin 30 mg and MS Contin 15 mg which he alternates every other night along with Norco which he takes for breakthrough pain. Examination of the lumbar spine showed pain to palpation of the lumbar musculature. There is muscle rigidity noted. Range of motion reveals the patient can forward flex bringing his fingertips to just below his knees and can extend to 20 degrees. Straight leg raise is positive bilaterally at full extension. Sensory examination is decreased in S1 and L5 distribution on the left. Examination of the cervical spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. There is a report that the utilization review references from 10/24/2013. Unfortunately, this progress report was not provided for review. Utilization review dated 11/18/2013 reviewed this progress report stating patient continues to complain of depression, neck pain radiating to upper extremities, and back pain radiating down left lower extremity. Pain is rated 8/10. Physical examination revealed cervical and lumbar spine musculature tenderness, modified sitting straight leg raise positive bilaterally at full extension, and numerous trigger points and facet loading causes pain.

The recommendation is for 2 times a week for 6 weeks physical therapy for the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS FOR THE CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician is requesting physical therapy 2 times a week for 6 weeks for the cervical and lumbar spine. Medical records document, the patient received a course of 12 physical therapy sessions as evident in progress report from 11/08/2012. Physical therapy progress reports were not provided for review. For physical medicine, the MTUS Guidelines page 98, 99 recommends for myalgia and myositis type symptoms 9 to 10 visits over 8 weeks. In this case, the treating physician does not provide the patient's progress from the last course of treatments. There are no additional goals or rationale provided for the requested additional therapy. The patient appears to have had adequate therapy and should be able to perform the necessary home exercises to manage any residual pain. The request for the additional 12 physical therapy sessions exceeds what is recommended by MTUS. Recommendation is for denial. The physical therapy 2 times a week for 6 weeks for the cervical and lumbar spine is not medically necessary and appropriate.