

Case Number:	CM13-0070127		
Date Assigned:	01/03/2014	Date of Injury:	04/11/2011
Decision Date:	04/15/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/24/2013

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 & 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 63 year-old female with a date of injury of 04/11/2011. The listed diagnoses per [REDACTED] are: 1) Status post anterior cervical decompression and fusion C3-4 and C4-5 on 03/21/2013 2) Swallowing difficulty and dysphasia 3) Lumbar radiculopathy 4) Rule out ulnar compression at the level of the left elbow 5) L4-L5 lateral recess stenosis and disc herniation with lumbar radiculopathy According to report dated 11/12/2013 by [REDACTED], the patient presents with continued neck and back pain. The back pain is associated with numbness and tingling in the bilateral lower extremities. Examination of the upper extremities reveals pain radiating into the left upper extremity with weakness in the wrist extensors and flexors at 4/5. Examination of the lumbar spine reveals paraspinal spasms and tenderness. There is sciatic notch tenderness. Straight leg raise test is positive bilaterally. Treater is requesting continuation of physical therapy for cervical and lumbar spine for two to three times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 to 3 x week x 6 weeks for cervical and lumbar spine: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with continued neck and back pain and is status post anterior cervical decompression and fusion at C3-4 and C4-5 dated 03/21/2013. The treater is requesting additional 12-18 physical therapy sessions. This patient is outside of the post surgical physical medicine recommendations. The MTUS guidelines page 98, 99 recommends for myalgia, myositis and neuralgia type symptoms 9-10 visits over 8 weeks. The medical file provided for review only includes one physical therapy report dated 04/02/2013 and two requests for physical therapy. First request is from 07/09/2013 for 12 sessions and the second request is from 11/12/2013 for 12-18 sessions. From reviewing the records dated 01/18/2013 to 11/12/2013, it is unclear as to the exact number of physical therapy this patient has received during post-operative period. However, the utilization review letter from 12/12/13 does indicate that the patient has had 36 sessions of post-op therapy. The current request for 12-18 sessions exceeds what is allowed for post-op and non-post-op therapy sessions. The treater also does not provide any compelling reasons such as a new injury, exacerbation/aggravation, and change in diagnosis to consider additional therapy. Recommendation is for denial.