

Case Number:	CM14-0003722		
Date Assigned:	04/04/2014	Date of Injury:	08/13/2009
Decision Date:	07/15/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

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 Internal Medicine and is licensed to practice in New York. 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 47 year old male who was injured on 08/13/2009. He sustained a cervical and lumbar spine trauma due to heavy weight lifting. His diagnoses are myoligamentous injury of the cervical spine with right cervical radiculopathy; cervical disc prolapse, median neuropathy on the right; myoligamentous injury of the lumbar spine with right lumbar radiculopathy; and lumbar disc prolapse. Prior treatment history has included medications Norco, Ambien, Soma, Ketoprofen, Naprosyn, and Prilosec. Diagnostic studies reviewed include nerve conduction and electromyography of the upper and lower extremities performed on 06/27/2013 revealed evidence of moderate bilaterally L4, L5 and S1 sensory radiculopathy. PR2 dated 08/01/2013 states the patient presents with complaints of cervical spine pain, low back pain, right lower extremities pain, and psych. The patient reports he feels symptoms of anxiety and insomnia. He also finds it difficult to sleep due to pain. On examination, there is moderate tenderness noted in the cervical paraspinal muscles on the right and left side. There are moderate tenderness at upper trapezius and levator scapulae on the left and right sides. There is moderate discomfort with head turning to sides and with flexion and extension of the neck range of motion; Spurling's maneuver is positive. There is moderate tenderness in the lumbar spine area. There is moderate tenderness in the mid to lower lumbar paraspinal muscles bilaterally. There is no effusion, peripatellar tenderness or crepitus noted. There is 4+/5 weakness at the right deltoid, external rotators of the arm and forearm flexors at the myotomal distribution of C5 nerve root. There is 4+/5 weakness at the right forearm flexion, arm pronation, finger and wrist extension at the myotomal distribution of C6 nerve root. There is 4+/5 weakness at the right knee, extensors at the myotomal distribution of L4 nerve root. There is 4+/5 weakness at the right thigh adduction, knee flexion, and dorsiflexion, of the foot and toes at the myotomal distribution of L5 nerve root. There is 4+/5 weakness at the right hip extension, plantar flexion of foot and toes at the

myotomal distribution of S1 nerve root. The upper extremity deep tendon reflexes are 1+ and hypoactive at the right and left upper extremity. The lower extremity deep tendon reflexes are 3+ and hyperactive at the right and lower extremities. He has diminished pain sensation in the right lower limb. The treating provider has requested physical therapy 3 x week x 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: 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 Physical Medicine Section Page(s): 98-99.

Decision rationale: According to MTUS guidelines; Physical Therapy is recommended for neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. The UR indicates previous surgical intervention on 12/20/2012, but the medical records do not document the previous surgical or post-surgical plan of treatment. There does not appear to be any objective functional improvement with medications or previous PT and chiropractic therapy. The medical necessity for the requested physical therapy services has not been established. The requested services are not medically necessary.