MAXIMUS Federal Services

Case Number:	CM14-0116115		
Date Assigned:	08/04/2014	Date of Injury:	01/27/2014
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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 a Licensed Chiropractor 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 applicant was 56 year old male involved in an industrial injury that occurred on January 27, 2014 while employed by [redacted] as a process operator. He injured his neck and lower back while doing a clean-out in a refinery. He was removing top heads off drums/vats that weighed 1000lbs, by using a guide plate and air winch to lift and move them. Thus far, treatment has consisted of [redacted] for heat stroke, muscle cramps with back pain and medication, Physical therapy and acupuncture treatment which were initiated on 4/24/14. The applicant has completed 12 physical therapy visits from 4/24/14-6/16/14. MRI of the lumbar spine dated 1/30/14 revealed L2/3, L3/4 and L4/5 mild disc height loss, broad based disc bulges at L2/3, L3/4 and L4/5. No fractures. X-rays of the cervical spine dated 4/1/14 demonstrated mild disc height loss C5/6, no instability and no fracture. X-ray of the lumbar spine dated 4/1/14 demonstrated mild disc height loss most significant L2-L5 and no instability and no fracture.In review of an initial primary treating physician's orthopedic spine surgery report dated 4/1/14 the applicant presented with subjective complaints of low back pain and some radiating pain to the upper lumbar area. He denies any radiculopathy, numbness and tingling or pain into the lower leg. The average daily level of pain is 5/10. He complained of neck pain which is daily but does not last all day. The pain ranges from a 3-4/10 that is increased with turning to look to the left. There are no radiating symptoms of pain. There are frequent headaches. Cervical examination revealed no swelling or gross atrophy of the paracervical muscles, no evidence of tilt or torticollis. There was tenderness indicated over the proximal trapezius on the left with area of spasm, decreased sensation over the left C5 dermatome distribution. Cervical ranges of motion were indicated as being somewhat decreased in all planes of motion, there were no reflex deficits, there was no muscle weakness of the upper extremities. Lumbar spinal examination revealed the applicant walks with a normal gait and there was no evidence of weakness on the

toes or heels. There was no appreciable swelling or gross atrophy of the lumbar paravertebral muscles. No evidence of scoliosis. Lumbar range of motion was decreased in all planes of motion, knee reflexes were graded +1 bilaterally and ankle reflexes were +2 bilaterally. There was no muscle weakness. A diagnosis was given as: cervical sprain/strain superimposed on C5/6 disc degeneration and lumbar sprain/strain superimposed on L3-L5 disc degeneration. This report indicated that the applicant was sent to a chiropractor by the company nurse for a massage and this did not help. He did receive therapy which helped slightly. Authorization was requested for additional physiotherapy two times per week for six weeks and a trial of acupuncture two times per week for three weeks. The applicant was temporarily partially disabled. He was prescribed modified work duty.In review of report dated 5/8/14 the applicant presented with complaints of neck pain rated as a 3 on VAS, which was indicated as not an accepted body part for this claim. There was a new onset of right lateral thigh sensation changes rated a 7 on VAS, lower back pain rated 4 on VAS. Cervical spine and lumbar spine examination was unchanged from 4/1/14.Upon review of orthopedic spine surgery report dated 5/15/14 the applicant continues to have headaches, neck pain rated a 1 on VAS which is not an accepted body part for this claim. He continues to have lower back pain rated a 5 on VAS. Lumbar examination remains unchanged from prior examination reports reviewed.In review progress report dated 6/16/14, 12 physical therapy visits were completed. There was minimal neck pain, fewer headaches and some numbness in the left 5th digit, which is constant. Back pain has decreased with some numbness that radiates to the lateral side of the right lower extremity from hip to knee. Overall, physical therapy has helped. Lumbar flexion and bilateral side bending are moderately improved, cervical range of motion and straight leg raising are unchanged. Dynamometer testing of right lower extremity is improved. The applicant was instructed in a progressive home exercise program. Provider recommended ongoing physical therapy. On 6/24/14 the claimant was re-evaluated and upon review of the orthopedic progress report there were continued complaints of neck pain with mild headaches, although almost resolved. There was constant numbness in the left hand and small finger. There was also continued low back pain rated 4/10 with radiation down the right leg with pins and needles sensation when lying on the back, sitting and standing. Cervical spinal examination indicated tenderness in the midline, decreased sensation of the left C6 dermatome, ranges of motion were improved in all planes of motion, and upper extremity reflexes were +1 bilaterally. Lumbar spine revealed ambulation with a normal gait, paravertebral muscle tenderness, bilaterally. Decreased sensation in the left L5 dermatome, lumbar ranges of motion have improved slightly with the exception of left lateral flexion was worse. Physiotherapy for the lumbar spine was recommended two times per week for four weeks. In a utilization review report dated 7/9/14, the reviewer determined the proposed physiotherapy to the cervical and lumbar spine two times per week for four weeks was not medically necessary and non-certified. Objectively lumbar flexion was improved as well as dynamometer testing of the right lower extremity has improved. The applicant was instructed in a progressive home exercise program. There was limited documentation of the total number of physical therapy treatments to date. Also the reviewer indicated there is no exacerbation of symptom or incident of re-injury to support additional treatment. With the past treatments rendered, the applicant is expected to be well-versed in a home exercise program to address ongoing complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2 x 4 for Lumbar and Cervical: Upheld

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

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

Decision rationale: Treatment consisting of physiotherapy to the cervical spine is not medically necessary since the neck complaints are not an accepted part of the claim. The lower back pain has decreased to a 2/10 with some numbness that radiates to the lateral side of right lower extremity. As per the MTUS Chronic Pain Medical Treatment Guidelines-Physical Medicine Section documents that passive therapy can provide short term relief during the early phases of pain treatment and are directed to controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. As per the medical records and review of the lumbar spinal examination, please note there was no appreciable swelling or gross atrophy of the lumbar paravertebral muscles. The goals have been met. 12 physical therapy sessions were previously received with improvement. There were minimal objective clinical findings, no swelling, inflammation and decreased complaints of pain, physiotherapy 2x per week for 4 weeks to the cervical and lumbar spine is not medically necessary and not sanctioned under the guidelines cited. At this point the applicant has been instructed in a progressive home exercise program which is appropriate.