

Case Number:	CM14-0124919		
Date Assigned:	08/11/2014	Date of Injury:	10/25/2009
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 51-year-old male with a reported injury on 10/25/2009, injury mechanism is unknown. Diagnoses were disc degeneration of the lumbar spine, facet arthropathy, fifth metatarsal and spiral fracture. There was disc degeneration of the cervical spine and spinal stenosis. Past treatments included physical therapy. Diagnostic studies were not submitted and there was no surgical history reported. The physical examination reports that the injured worker tried physical therapy and activity modification, but none have helped. On 06/30/2014 the patient complained of increased pain with prolonged sitting, and leg pain. Patient also complained of; headaches, stiffness and radiating pain into the left shoulder. Examination of the spine revealed flexion was 40 degrees, extension was 10 degrees, lateral bending was 35 degrees, and lateral rotation was 45 degrees. There was pain with extension and rotation and no evidence of focal or motor deficits. Motor strength was 5 out of 5 in the lower extremities. No medications were reported. The treatment plan was; bilateral cervical epidural injections, a new MRI of the cervical spine, and physical therapy. The rationale and request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment, and are directed at controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Previous physical therapy sessions were not reported with functional improvement or failure. There were no medications or specialty tests reported, such as a straight leg raise test. Previous conservative care modalities were also not reported. The request is not medically necessary.