MAXIMUS Federal Services

Case Number:	CM14-0157590		
Date Assigned:	09/30/2014	Date of Injury:	07/08/2010
Decision Date:	11/05/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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, has a subspecialty in Neuromusculoskeletal Medicine and is licensed to practice in Maryland. 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 41 year old male with a work injury dated 7/8/10. The diagnoses include axial low back pain; lumbar sprain/strain; right neck pain status post electroshock; posttraumatic headaches most likely myofascial; and depression with symptoms of posttraumatic stress disorder. Under consideration are requests for twelve physical therapy visits for the cervical and lumbar spine. There is a progress report dated 08/27 /14 that states that the injured worker has been "watching his diet and lost 12 lbs over the last month." Since the weight loss he feels motivated to try and do more though he feels the pain limits him on the extent of his physical capabilities. He notes increase in stiffness and discomfort in the cervical and lumbar spine. He notes the range of motion has been limited though he is trying to stretch daily. He continued to note neuropathic pain over the right anterior thigh and persistent pain affecting the right arm specifically the right index finger due to electrical shock on his industrial injury. He continues to note occasional headaches and remains symptomatic with depression, vertigo and dizziness. His current medication regimen includes oxycodone 5 mg BID PRN for breakthrough pain, gabapentin 300mg TID for neuropathic pain, Cymbalta 60mg QD for neuropathic pain and depression,and diclofenac 100 mg QD which is beneficial as an anti-inflammatory. Fioricet and Norco were discontinued due to elevated LFTs. His pain levels reduce down to 7 /10 with use of medications, and without medications, pain will be as severe as 10/10. He notes up to 30 to 40% improvement of pain and function with the current use of medications. The combination of medications has reportedly been beneficial in reducing both nociceptive and neuropathic pain. He continues to participate in a light stretching program and exercises that he has learned through Physical Therapy. On physical exam he noted appropriate affect and mood, antalgic gait assisted with a cane, and diffuse myofascial tenderness at C3 to C7 with muscle spasms. Cervical

range of motion is as follows: flexion of 30 degrees, extension of 20 degrees, rotation of 30 degrees, and lateral bending of 15 degrees. He has hyperpathia and hyperesthesia in the right upper extremity and right index finger. He has tenderness over the right L4-5 and L5-S 1 paravertebral joints, bilateral paraspinous lumbar tenderness, pain with lumbar extension, rotation and lateral bending. Lumbar range of motion is as follows: Flexion is 50 degrees, extension is 10 degrees, right lateral flexion is 5 degrees, and left lateral flexion is 15 degrees. Lower extremity strength testing is 5/5 bilaterally. Sensation is normal. MRI reportedly showed L5-Sl severe right neuroforaminal narrowing on the exiting right L5 nerve root. It was mentioned that the injured worker has not had formal Physical Therapy for several years.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Visits for the Cervical and Lumbar 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..

Decision rationale: 12 Physical Therapy Visits for the Cervical and Lumbar Spine are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the injured worker has not had physical therapy in several years. It is unclear exactly how much therapy he has had in the past for both his cervical and lumbar spine and the outcome of this therapy. Additionally, the request exceeds the MTUS guidelines recommendation of up to 10 visits for this condition. The request for 12 Physical Therapy Visits for the Cervical and Lumbar Spine are not medically necessary.