

Case Number:	CM14-0159614		
Date Assigned:	10/03/2014	Date of Injury:	04/22/2009
Decision Date:	10/29/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational Medicine 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 injured worker is a 53-year-old male with a date of injury of April 22, 2009 while being employed as a transportation engineer. He was diagnosed with (a) cervicgia, (b) depressive disorder and (c) cervical disc displacement. He was also a year status post posterior lumbar fusion complicated by viscous perforation by hardware and subsequent peritonitis. In a recent visit note dated August 15, 2014 it was indicated that he complained of continued low back pain which radiated into his lower extremities with associated numbness and shooting sensation in his right foot. He also complained of neck pain as well as numbness in his bilateral hands. The pain was rated to be at 7 out of 10 on the pain scale and it was also indicated that he was difficulty walking due to lower extremities weakness and pain. Physical examination revealed that he was in severe distress. Objective findings to the cervical spine included cervicothoracic paraspinous muscle spasm with myofascial trigger points and twitch response and limited range of motion in all planes. Right upper extremity was noted to have slightly diminished sensation in the forearm and hand. Objective findings to the lumbar spine included lumbar paraspinous muscle spasm and myofascial trigger points and twitch response, limited range of motion in all planes, positive Straight leg raise test on the right at 60 degrees. Weakness was noted with dorsiflexion at 4/5. He was to continue with his current treatment and pharmacological regimen. This is a review of the requested six sessions of physiotherapy directed to the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physio therapy sessions cervical, lumbar Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The medical records indicated that the injured worker has undergone prior physical therapy sessions; however, it did not indicate the number of sessions and the response to the program. Hence the efficacy of the previous sessions cannot be determined except for his claim that it did provided him benefits and was helpful. There were no objective documentation of decreased pain, increased range of motion and/or increased of ability to perform activities of daily living. Also, there is no compelling evidence that home exercise program is not beneficial which can substantiate the need for supervised physical therapy. Hence, the medical necessity of the requested six sessions of physiotherapy is not established.