

Case Number:	CM14-0166482		
Date Assigned:	10/13/2014	Date of Injury:	04/24/2007
Decision Date:	12/22/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 72-year-old male with injury date of 04/24/07. Based on the 09/17/14 progress report, the patient presents for follow up of neck, back, and upper lower extremity pain. The patient continues to have low back pain with radiation into both lower extremities with bilateral weakness of his legs. The patient presents with antalgic gait and uses a cane to ambulate. He also complains of dizziness, headaches, blurred vision, neck pain, difficulty breathing while supine position, abnormal heartbeat, chest pain, abdominal pain, urinary hesitancy, itching of skin, balance problems, poor concentration, memory loss, numbness, weakness, and depression. The patient is positive for being tearful and has atrophy of all extremities, with flaccidity of left lower extremity. Per progress report dated 08/12/14, treater states that the patient only gets temporary improvement for only a couple of hours after physical therapy. Based on the 10/15/14 report, the patient complains of falling frequently. Diagnosis 10/15/14 - Cervical disc displacement without myelopathy - Myelopathy NEC. The utilization review determination being challenged is dated 10/2/14. Treatment reports were provided from 5/28/14 to 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy: 6 sessions (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The patient presents with cervical disc displacement without myelopathy. The utilization review denial rationale was that "There is no current clinical information that supports the medical necessity of a course of supervised exercise for the cervical spine. There is no evidence that the patient is unable to complete his rehabilitation with an independent HEP." Per 9/17/14 report, the patient recently had 6 "additional" sessions of therapy, but no other treatment history is provided in the reports. Per MTUS guidelines pages 98 and 99, allow for 9-10 visits over 8 weeks for myalgia and myositis. For neuralgia, neuritis, and radiculitis, guidelines allow for 8-10 visits over 4 weeks. For reflex sympathetic dystrophy, the patient is allowed up to 24 visits over 16 weeks. In this case, the patient has had at least 6 sessions of therapy recently and it is not known why the treater is requesting additional therapy. There is no documentation of a new injury, a flare-up with functional decline or significant change in clinical presentation requiring formalized therapy. The treater does not explain why the patient is unable to do home exercises either. The current request for 6 in addition to 6 received in 9/17/14 exceeds what is allowed by MTUS. Therefore the request is not medically necessary.