

Case Number:	CM14-0035235		
Date Assigned:	06/23/2014	Date of Injury:	01/21/1998
Decision Date:	08/05/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 58-year-old male with date of injury of 01/21/1998. Per treating physician's report on 02/04/2014, the patient presents with chronic low back pain and radicular pain right side worse than left side, on Kadian 100 mg twice a day, history of C3 to C5 fusion, L3 to L5 discectomy, and failed spinal cord stimulator trial. The patient is status post C5-C6 and C3-C4 epidural steroid injection on 08/14/2013 with approximately 50% to 60% relief in the neck and shoulder pain. MRI from 04/08/2013 showed hardware in place from C4 to C7 with fusion from 2008. No evidence of hardware loosening, spinal stenosis at C3-C4 noted with a herniated disk. The patient's diagnoses include chronic pain syndrome, postlaminectomy syndrome, radiculitis in lumbar, postlaminectomy syndrome, cervical with radiculitis, opioid dependence, constipation and myalgia. For the treatment plan, medications were refilled for 2 months for Kadian, Cymbalta, Zanaflex, and Norco. Random urine drug screen was obtained. Physical therapy was for 2 to 3 times a week for 4 to 6 weeks. The cervical spine 12/03/2013 report is also reviewed, and the patient presents with low back pain, bilateral leg pain, neck pain with right upper extremity numbness and tingling. The patient continues to take medications and asking for refill. This report is nearly identical with recommendation for physical therapy, cervical spine 2 to 3 times a week for 4 to 6 weeks. The patient was to also consider ice, heat, massage, acupuncture, chiropractic, Pilates, yoga, topical, over-the-counter medications, rest, and elevation. The patient is unable to return to work at this time. A 10/01/2013 report is similar and does not provide any new information. The treatment plan was also for physical therapy C-spine 2 to 3 times a week for 4 to 6 weeks. The request for physical therapy 2 to 3 times a week for 4 to 6 weeks was denied by utilization review letter dated 02/28/2014 with the rationale that it was presumed that the patient had physical therapy in the past and there was no documentation submitted discussing

prior therapy and with the objectives and functional improvement from prior care rendered. There was also no evidence of re-injury and flare-ups of symptoms that warrant additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical spine, two sessions per week for four weeks for a total of eight sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back procedure summary.

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

Decision rationale: This patient presents with chronic neck pain with history of cervical fusion for C4 to C7, and the current request for physical therapy 2 times a week for 4 weeks. However review of the available reports showed the physician recommending physical therapy 2 to 3 times a week for 4 to 6 weeks. The utilization review letter denying the request is dated 02/28/2014 also addressing the physical therapy for 2 to 3 times a week for 4 to 6 weeks. However, the request provided to me for review is for physical therapy 2 times a week for 4 weeks, and unfortunately, none of the reports discussed the request for physical therapy 8 sessions. Review of the available reports from 10/01/2013 to 02/04/2014 does not show recent history of physical therapy. An agreed medical evaluation report is dated 2012 and a supplemental report in June of 2013, and they did not discuss recent history of patient's physical therapy. The MTUS Guidelines allow 9 to 10 sessions to address myalgia and myositis, neuritis and neuralgia type of condition. Given that this patient has not had any physical therapy in the recent past, a short course of therapy may be reasonable to help manage the patient's chronic pain. The patient is on high dose of opiates and other medications, and the patient's functional level is not well described. The treating physician does not provide patient's treatment history or discussion regarding how the patient responded to therapy in the past. However, given the patient's chronic pain condition and no documentation of recent physical therapy over the last 6 to 12 months, a short course appears reasonable. Therefore the request is medically necessary.