

Case Number:	CM14-0037949		
Date Assigned:	06/04/2014	Date of Injury:	08/09/2006
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 61-year-old female who reported an injury on 08/09/2009 with a mechanism of injury not cited within the documentation provided. In the clinical notes dated 04/03/2014, the injured worker complained of severe and debilitating pain in her lower back that radiated down to both lower extremities. The injured worker rated her pain level status at a 5/10 of which she indicated was manageable on prescribed medications. The injured worker also complained of ongoing pain to her neck of which radiated down to both upper extremities. The injured worker rated her pain level status at 8/10. The injured worker's pain medication regimen included MS Contin 15 mg twice a day, Norco 10/325, Soma, and Topamax. It was also indicated that the injured worker had a lumbar spinal cord stimulator which was implanted on 03/31/2011. It was noted that the spinal cord stimulator gave the injured worker at least 50% pain relief to her radicular symptoms in the lower extremities. Prior treatments included prescribed medication, surgeries, physical therapy and acupuncture treatments. The physical examination of the posterior cervical spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were also numerous trigger points which were palpable throughout the cervical paraspinal muscles, upper trapezius and medial scapular regions. It was also noted that there was significant decrease in range of motion. The physical examination of the shoulders revealed decreased range of motion in the left shoulder in comparison to the right. It was noted that the injured worker had decreased sensation along the posterolateral arm and lateral forearm on the left in comparison to the right. The deep tendon reflexes were 2/4 in the upper extremities with decrease in grip strength on the left in comparison to the right. On the physical examination of the lumbar spine, there was tenderness to palpation along the posterior lumbar musculature with decreased range of motion with both flexion and extension. There was a positive straight leg raise in the left leg at 60 degrees and a negative straight leg raise to the

right. It was noted there was decreased sensation along the posterolateral thigh, calf, and dorsum of the foot on the left in comparison to the right. Several diagnostic studies to the lumbar spine and Electromyography (EMG) studies were annotated. The diagnosis included C5-6 and C6-7 anterior cervical discectomy and fusion 03/2009; bilateral upper extremities radiculopathy; L5-S1 posterior lumbar interbody fusion 11/2009; bilateral lower extremities radiculopathy, left greater than right; lumbar spinal cord stimulator implant 03/31/2011, and medication induced gastritis. The treatment plan included a request for outpatient physical therapy to her cervical spine and lumbar spine 2 times a week for 6 weeks for increased neck pain and radiculopathy, refill of medications, and the injured worker to return to the office in 1 month. The request for authorization for physical therapy 2 times a week for 6 weeks on the cervical and lumbar spine 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 2 times per week for 6 weeks on the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The California MTUS Guidelines may support 8 to 10 visits of physical therapy, to provide instruction in a home exercise program and promote functional gains, for patients with neuralgia, neuritis, or radiculitis. In the clinical notes provided for review, there is a lack of documentation of the injured worker's prior treatments and their efficacies or lack thereof. There is also a lack of documentation of the injured worker participating in a home exercise program in adjunct to prescribed pain medications. Furthermore, the request exceeds the recommended frequency of 8 to 10 visits over 4 weeks. Therefore, the request for physical therapy 2 times per week for 6 weeks on the cervical and lumbar spine is not medically necessary.