

Case Number:	CM14-0038194		
Date Assigned:	06/25/2014	Date of Injury:	04/07/1998
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
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, has a subspecialty in Pain 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 former police officer with a remote date of injury of April 7, 1998. The patient has complaints of low back pain and cervical spine pain according to a progress note on March 4, 2014. The patient is noted to have previous physical therapy, but the requesting provider states that it has "been a significant number of years." The patient has had to give up multiple activities due to his injuries including martial arts, biking, and lifting weights. The disputed issues are requests for additional physical therapy and for cervical magnetic resonance imaging (MRI). The injured worker is noted to have pain in the neck with bilateral arm numbness. Physical examination demonstrates 1+ upper extremity deep tendon reflexes. Spurling's is negative bilaterally. Hoffman is negative. Upper extremity strength was rated 5 out of 5. A utilization review determination on date of service March 19, 2014 had denied the request for physical therapy for the lumbar spine and cervical spine, as well as the MRI of the cervical spine. The stated rationale for the denial of physical therapy was that prior treatment had included physical therapy and that the exam demonstrated normal lumbar and cervical strain as well as range of motion. The MRI was denied on the basis that there was no red flag condition or cervical neurologic deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of physical therapy for the low back: Upheld

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

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

Decision rationale: In the case of this injured worker, there is remote injury and according to the documentation, the patient has not had physical therapy for a "significant number" of years. However, the guidelines specify that future physical therapy is contingent on demonstration of functional benefit from previous physical therapy. Therefore, although a short course of physical therapy to refresh the home exercise program may be warranted, a full entire course of physical therapy for a chronic injury is not indicated or described by guidelines. This request is not medically necessary at this time.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM guidelines specify, "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." In this injured worker, there is abnormality in the deep tendon reflexes being rated 1+ rather than 2+. However, no specific nerve compromise is further corroborated by motor weakness. Therefore, this request is not medically necessary at this time. It should be noted that the ACOEM guidelines specifically state that in cases such as this with unclear neurologic compromise, there is recommendation of to obtain further evidence of nerve dysfunction, such as with an electrodiagnostic study.

12 visits of physical therapy for the cervical spine: Upheld

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

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

Decision rationale: In the case of this injured worker, there is remote injury and according to the documentation, the patient has not had physical therapy for a "significant number" of years. However, the guidelines specify that future physical therapy is contingent on demonstration of functional benefit from previous physical therapy. Therefore, although a short course of physical therapy to refresh the home exercise program may be warranted, a full entire course of physical therapy for a chronic injury is not indicated or described by guidelines. This request is not medically necessary at this time.

