

Case Number:	CM14-0056177		
Date Assigned:	07/09/2014	Date of Injury:	03/15/2013
Decision Date:	08/29/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/25/2014

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 Internal Medicine and is licensed to practice in Georgia. 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 51-year-old male who experienced cervical (neck) and lumbar (back) spine strain/sprain after loading 100-pound cargo on July 25, 2012. He was treated with physical therapy, anti-inflammatory medication (Anaprox), a muscle relaxant (Zanaflex), and a synthetic opioid analgesic (Ultram). The injured worker was placed on work restriction due to temporary total disability. Magnetic resonance imaging of the lumbar spine obtained on February 12, 2014 revealed spinal disc protrusion with spinal canal narrowing at the fourth lumbar to first sacral level. During treatment the treating physician documented that the injured worker symptom's failed to improve with conservative treatment. An electromyogram of the upper and lower extremities as neurological consultation was prescribed for further evaluation. Per the electromyogram performed on February 7, 2014 the injured worker was found to have radiculopathy of cervical (neck) and lumbosacral nerves. Concurrent evaluation by a neurologist in consultative care confirmed the cervical and lumbosacral radiculopathy. The injured worker's physical examination was significant for decreased range of motion in the neck and back, pain to palpation along the back, and a positive straight leg raise test. Pertinent documents reviewed for the injury and treatment summary include utilization review applications and decisions; treating physician notes; request for authorization forms; diagnostic and imaging reports; and consultant documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x Wk x 6 Wks Cervical, Lumbar Spine, Bilateral Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG (The Official Disability Guidelines) Low Back.

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

Decision rationale: The injured worker has chronic neck and back pain that is best-classified cervical and lumbar sprain/strain. The MTUS citation listed provides specific indications for active physical medicine, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Six-week sessions of physical therapy at the request of the treating physician on November 18, 2013 and January 28, 2014 were approved. However, in a progress note on March 11, 2014 the treating physician noted that the injured worker failed to improve with physical therapy, rest, and medications. The lack of functional improvement is not consistent with the MTUS recommendation for the role of physical medicine, the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. As clinical evidence of functional improvement is not present in the documentation, additional sessions of physical medicine are not medically necessary. The injured worker does not meet the criteria described in the MTUS.