

Case Number:	CM14-0069596		
Date Assigned:	07/14/2014	Date of Injury:	08/06/2004
Decision Date:	10/22/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 60-year-old female who sustained an injury on 8/6/04. As per the most recent report on 3/20/14, she complained of constant lumbar pain and radicular symptoms. Exam showed tenderness from mid to distal lumbar segments and pain with terminal motion. Seated nerve root test was positive with positive SLR and reduced sensation at the L5-S1 dermatomes. No specific ROM details had been reported. X-rays of the lumbar spine from 8/22/13 revealed spondylosis in the distal lumbar spine with segmental instability at the levels of L4-5 with L4-5 and L5-S1 disc collapse. MRI of the lumbar spine on 5/30/12 revealed dextroscoliosis 2mm and anterolisthesis at L4-5 and disc changes. She was previously authorized for surgical intervention as she was having a progressive urologic deficit but she was reluctant to proceed with surgery. She had a left carpal tunnel release on 5/20/13. Physical therapy had been recommended and she had done 8 sessions. Her medications include Naproxen, cyclobenzaprine, sumatriptan Omeprazole, tramadol, Terocin patch, Ondansetron, and Gabapentin. Also she had Toradol IM injections and IM vitamin B12 injections. As per 8/22/13 report it was indicated that she has reportedly failed all conservative measures that included activity modification, physical therapy and pain management; no specific benefits of physical therapy treatment have been reported. Diagnoses: Lumbar segmental instability/discopathy with bilateral lower extremity radiculitis and left shoulder periscapular strain. The request for Physical Therapy 2 x4 for the cervical/lumbar spine (8 visits) was modified to Physical Therapy 2 x3 for the cervical/lumbar spine (6 visits) on 4/21/14.

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, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-Physical Therapy Guidelines (Lumbar)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck

Decision rationale: As per CA MTUS guidelines, physical medicine 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. ODG guidelines recommends 9 PT visits over 8 weeks for intervertebral disc disorders without myelopathy. In this case, the injury is old and the IW has received PT visits in the past; however, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level "VAS", range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Nonetheless, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.