

Case Number:	CM14-0076771		
Date Assigned:	07/18/2014	Date of Injury:	10/01/2009
Decision Date:	08/25/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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, and is licensed to practice in Illinois. 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 female with an injury reported on 10/1/09. The mechanism of injury occurred when a fire door was pushed into the injured worker's right ankle and right foot and she fell forward. The injured worker's diagnoses consisted of disc disorder cervical, cervical radiculopathy, cervical pain, joint pain/ankle and disc disorder lumbar. The injured worker has had previous treatments including medications, epidural steroid injections and physical therapy. The injured worker started physical therapy in June 2014, which she stated was helpful. The injured worker had previous neck surgery on 6/4/13. The injured worker had an examination on 4/30/14 where she complained of increased pain to her neck rated 8/10 with medications and 10/10 without medications. Upon examination it was noted that the injured worker used a cane for ambulation for long distance. Range of motion of the cervical spine was restricted with flexion to 15 degrees, extension to 5 degrees, right lateral bending to 5 degrees, and left lateral bending to 5 degrees due to pain. Upon examination of the paravertebral muscles the injured worker had hypertonicity, tenderness and tight muscle band noted on both sides. Spinous process tenderness was noted at C6 and tenderness was noted at the paracervical muscles and the trapezius. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity. Her grip strength was 5/5 on the right and 4/5 on the left. Sensation to light touch was decreased over the forearm on the right side, and over the index finger, middle finger, ring finger, little finger, medial hand, and lateral hand on the left. Sensation to pinprick was decreased over the medial hand and lateral hand on the right and over the thumb, index finger, middle finger, ring finger, little finger, medial hand, and lateral hand on the left. Deep tendon reflexes were bilaterally to the biceps and triceps. The injured worker has had recent falls and loss of consciousness. The injured worker's list of medications included Lidoderm 5% patch, docusate sodium, Flexeril, Lyrica, Senekot, doxepin, Zoloft, and Ambien. The plan of treatment

was for her to have cervical spine films with flexion/extension films to assess her stability, and for her to have 12 additional sessions of physical therapy for evaluation and treatment of her neck to include strengthening and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker started physical therapy sessions in June 2014, which she reported to be helpful. The California MTUS Guidelines recommend that 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. The guidelines recommend 8-10 sessions of physical therapy over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. The injured worker reported her symptoms were worsening. There is no documentation of evidence that there was any beneficial restoring of flexibility, strength, endurance, function, or range of motion with the prior sessions of therapy. Within the documentation it is not indicated how many sessions of therapy have been completed; however, the request for 12 sessions exceeds the guideline recommendations. Therefore, the request is not medically necessary.

CT scan of the cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The injured worker has diagnoses of disc disorder, cervical, cervical radiculopathy, cervical pain, joint ankle pain, and disc disorder lumbar. The injured worker had a cervical spine fusion on 6/4/13. The ACOEM/California MTUS Guidelines recommend computerized tomography if physiologic evidence indicates tissue insult or nerve impairment. The CT scan is used for bony structures. Sensation to light touch was decreased over the forearm on the right side, and over the index finger, middle finger, ring finger, little finger, medial hand, and lateral hand on the left. Sensation to pinprick was decreased over the medial hand and lateral hand on the right and over the thumb, index finger, middle finger, ring finger, little finger, medial hand, and lateral hand on the left. The injured worker has a positive Spurling's. The provider recommended diagnostic imaging as the injured worker was status-post fusion and has

increased pain, weakness, loss of balance, and worsening pain. Given the injured worker's presentation and worsening of symptoms status post fusion and physical therapy, a CT scan would be indicated to assess the fusion. Therefore, the request is medically necessary.