

Case Number:	CM14-0078579		
Date Assigned:	07/18/2014	Date of Injury:	08/16/2006
Decision Date:	08/25/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational 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 patient is a 55 year old male who was injured on 08/16/2006 while he was walking backwards when he tripped landing on his back and left upper extremity. He has been treated conservatively with 30 sessions of acupuncture. He has had radiofrequency ablation to the left side of cervical spine at C5, C6, and C7 with excellent results. The progress report dated 03/04/2014 states the patient presented for follow up of persistent neck and low back pain. He reported he was having significant left-sided neck pain as well as left-sided low back pain radiating down to his left lower extremity poster laterally down to the foot. He rated his pain without his Duragesic patch a 9/10 and with it, the pain comes down to an 8/10. He also takes Norco and other medications which brings the pain down from 8/10 to 5/10. He is responsible for all his activities of daily living and medications as he has no family to help him. Objective findings on the exam revealed tenderness to the cervical paraspinal muscles on the left side with spasm and decreased range of motion in all planes in the neck, flexion, extension, and right and left lateral rotation. He also has increased tenderness to the lumbar paraspinal muscles especially on the left with spasms and decreased range of motion at the waist in all planes. He has a positive left leg lift and numbness, tingling, and pain in the L5 nerve root distribution. Diagnoses are chronic neck, right greater than left upper extremity pain. He has a history of a left elbow fracture, chronic low back pain, and chronic sleep issues contributing to depression and psychiatric issues. He has been recommended for physical therapy on 04/14/2014, to the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy cervical and lumbar: 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 Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Low Back, Physical therapy.

Decision rationale: According to the MTUS and the ODG guidelines, physical therapy of the low back and neck are recommended for medical and post-surgical treatment. This is a request for physical therapy of the neck and low back for a 55-year-old male with chronic pain injured on 8/16/06. Physical therapy in the past was reportedly beneficial. However, no objective evidence of functional improvement is provided. A number of previous visits were not provided. There does not appear to have been a significant exacerbation at the time of the request for additional therapy. As such additional physical therapy for medical treatment does not appear to be medically necessary. However, radiofrequency ablation of the cervical is also requested. The guidelines do not specifically address physical therapy after ablation but recommend 1-2 visits over 1 week after injections, which appears to be most applicable. Thus, 1-2 visits of physical therapy over 1 week are recommended after the patient's radiofrequency ablation procedure in the event it is approved. Such as, Physical Therapy for the cervical and lumbar is not medically necessary.