

Case Number:	CM14-0078870		
Date Assigned:	07/21/2014	Date of Injury:	06/23/2013
Decision Date:	09/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/28/2014

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 has a subspecialty in Interventional Spine 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: This patient is a 58-year-old male with an injury date of 06/23/13. Based on the 04/07/14 re-evaluation and progress report by [REDACTED] this patient "has continued symptomatology in the cervical spine" and "does have weakness in his arms and giving away of his legs. Cervical spine examination by [REDACTED] reveals a positive axial loading compression test, positive Spurling's maneuver, positive Hoffman's reflex, and hyperreflexia, a positive palmar compression test subsequent to Phalen's maneuver, and signs and symptoms of double crush syndrome with a positive Tinel's consistent with carpal tunnel syndrome. There is a non-sustained 2-3 beat clonus. Lumbar spine examination of this patient reveals a positive seated nerve root test and dysesthesia at the L5 and S1 dermatomes, as well as tenderness from the mid to distal lumbar segments. According to [REDACTED], MRIs revealed "significant cord pathology at the levels of C4 to C7 with junctional kyphotic deformity and instability" with neural compromise and the "levels of L2 to L5 are markedly collapsed with severe spondylosis and neural compromise. According to [REDACTED], diagnoses for this patient are: 1) Cervical/lumbar discopathy, and 2) Carpal, tunnel/double crush syndrome. The utilization review being challenged is dated 05/01/14. The request is for physical therapy for 8 total visits (2 visits/week x 4 weeks) of cervical and lumbar spine. Request for authorization was submitted 04/24/14, which modified and certified only 2 total visits (1 visit/week x 2 weeks). According to the 05/01/14 Utilization and Review Physical Consultation with Physical Medicine & Rehabilitation reviewer, [REDACTED] this patient "has completed eight sessions of PT for the cervical and lumbar spine this year" and "given the minimal response with PT, surgery is requested." [REDACTED] authorized another 2 sessions to review exercises as it may take time

before surgery is authorized. The requesting provider is [REDACTED] and he provided progress reports from 12/09/13 to 05/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: PT 2x4 for the Cervical and Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with persistent but chronic symptomatology of neck and low back pain. The treating physician requests 8 sessions (2 visits/week x 4 weeks) of cervical and lumbar spine. The therapy report notes "Visit #12" for 12/27/13 with assessment reported as "functional gains with mobility and strength have improved, but still are limited," with no specifics as to the limitation. This patient has undergone left shoulder arthroscopic decompression, acromioplasty and debridement with Mumford procedure on 10/25/13 (which was the most recent surgery documented). The current request is for the patient's spine for which MTUS Physical Medicine guidelines do allow for fading of treatment plus active self-directed home Physical Medicine, with 8-10 sessions of physical therapy for various myalgias and neuralgias. There is documentation of weakness and functional compromise. Given the lack of specific therapy to the spine in the recent past, a short course would appear reasonable therefore, this request is medically necessary.