

Case Number:	CM14-0096034		
Date Assigned:	07/25/2014	Date of Injury:	05/09/2007
Decision Date:	12/12/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/24/2014

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 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 61 year old male who was injured on 05/10/2007 while lifting a 45lb cotton polyester roll. Prior treatment history has included aquatic therapy and 25 sessions of physical therapy. Prior medication history included ibuprofen and Prilosec. The patient underwent status post left shoulder, status post L4/L5 discectomy, posterior lumbar interbody fusion at L4/L5, and lumbar fusion surgery. Other treatments have included Lumbar epidural injection, epidurography, and fluoroscopic interpretation of nondural puncture myelogram on 05/21/2014. Diagnostic studies reviewed included an MRI of the cervical spine dated 12/08/2006 which revealed subtle disc bulge at C4/C5 that effaces thecal sac; and bilateral neuroforaminal narrowing causing encroachment on the C5 exiting nerve roots. At C6/C7, there is a subtle disc bulge that effaces the thecal sac. Progress report dated 02/24/2014 states the patient complained of low back pain and left shoulder persistent pain with weakness. He ambulates to his left side with a cane. Objective findings on exam revealed tenderness at the lumbar paravertebrals. He has an antalgic gait. His range of motion is decreased with pain. There is anterior acromiale impingement; status post lumbosacral hemilaminectomy. His diagnoses are lumbosacral HNP status post laminectomy fusion and lumbosacral L4-5 radiculopathy. He was instructed to continue with home exercises and physical therapy as well as pain medications, Prilosec and ibuprofen. Prior utilization review dated 05/29/2014 states the request for 25 sessions of physical therapy for the cervical spine is denied as the necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

25 sessions of physical therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Pain Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Section, Physical Therapy Guidelines

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), Physical Therapy, Cervical Spine Guidelines

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. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders without myelopathy, 10 visits over 8 weeks for lumbar sprains and strains, or lumbago / backache, and up to 34 visits over 16 weeks for post-surgical treatment. CA MTUS - Physical Medicine allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the injured worker has already received 25 physical therapy (PT) visits; however, there is no record of prior physical therapy progress notes with documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an HEP. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Moreover, the request for additional physiotherapy would exceed the guidelines recommendation. Therefore, this request is not medically necessary.

Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Pain Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Section, Physical Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 503

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, there is little information provided with respect to the request and there is no mention of any specific reason for the

evaluation as the type or specialty has not been specified. Therefore, this request is not medically necessary.