

Case Number:	CM14-0190271		
Date Assigned:	11/21/2014	Date of Injury:	08/15/2014
Decision Date:	01/09/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/14/2014

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 Geriatrics, and is licensed to practice in New York. 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 man with a date of injury of 8/15/14. He was seen by his primary treating provider on 9/18/14 complaining of neck and low back pain with radiation to his legs. His sensory and motor exam were intact and symmetric with 5+/5 strength in all extremities and normal reflexes. He had tenderness in his cervical and lumbar paravertebral muscles with spasms and reduced range of motion. He started chiropractic therapy He was seen by his provider on 10/22/14 with complaints of constant cervical and lumbar spine pain and a left inguinal hernia. His exam showed 'cervical and lumbar spine tenderness'. His diagnoses were cervical and lumbar spine strain. At issue in this review is the request for a referral to a spinal surgeon and 18 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Specifically for Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks is recommended. In this injured worker, chiropractic therapy has already been used as a modality and a self-directed home program should be in place. Additionally, 18 visits far exceeds the recommended therapy schedule for radiculitis. The records do not support the medical necessity for 18 physical therapy visits in this injured worker.

Referral to a spine specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194 and 287-328.

Decision rationale: This injured worker was denied a request for a spine specialist evaluation after an injury on 8/15/14. His physical exam reveals normal strength and sensation and symmetric 2+ reflexes. There are no red flag symptoms or signs which would be indications for immediate referral. Recent MRIs confirmed cervical and lumbar disc disease. Surgery is considered when there is severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. Other modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of a spine specialist evaluation.