

Case Number:	CM14-0194067		
Date Assigned:	12/01/2014	Date of Injury:	12/03/2011
Decision Date:	09/21/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 33-year-old female who sustained an industrial injury on December 3, 2011 resulting in neck pain and radiating lower back pain into the left lower extremity. Diagnoses have included, impending cauda equina syndrome, left leg radiculopathy, and status post L5-S1 posterior fusion. Treatments cited in the physician progress report of October 9, 2014 include use of a brace; physical therapy; 24 chiropractic visits; an epidural steroid injection with good results; and, pain medication, but dates of treatments are not provided. The injured worker continued to present with back and left leg pain. The treating physician's plan of care includes MRI of the cervical spine and 12 sessions of physical therapy for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks to the lumbar/cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Postsurgical Treatment Guidelines.

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

Decision rationale: This 33 year old female has complained of neck pain and lower back pain since date of injury 12/3/11. She has been treated with surgery, chiropractic therapy, epidural steroid injections, physical therapy and medications. The current request is for physical therapy 2 X a week for 6 weeks to the lumbar/cervical spine. Per the MTUS guidelines cited above in the section Physical Medicine/ therapy, patients should be instructed and expected to continue active therapy at home as an extension of the initial treatment process in order to maintain improvements gained in physical therapy. The MTUS recommendations for PT state for the passive (out of home) PT process, 8-10 visits over the course of 4 weeks are indicated for a diagnosis of neuralgia, neuritis and/or radiculitis, as in this case. The medical necessity for continued passive physical therapy is not documented as there is no evidence of a recent flare, re-injury or progression of symptoms or physical exam findings to continue PT as requested. As supported by the provided documentation, the claimant should, at this point, be able to continue active (self) home therapy. On the basis of the available medical records and per the MTUS guidelines cited above, physical therapy 2X a week for 6 weeks to the lumbar/cervical spine is not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter.

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

Decision rationale: This 33 year old female has complained of neck pain and lower back pain since date of injury 12/3/11. She has been treated with surgery, chiropractic therapy, epidural steroid injections, physical therapy and medications. The current request is for MRI of the cervical spine. The available medical records show a request for MRI of the cervical spine without any physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above; radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or neurologic findings on physical examination is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the cervical spine is not medically necessary.