

Case Number:	CM14-0203755		
Date Assigned:	12/16/2014	Date of Injury:	09/06/2011
Decision Date:	02/06/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice 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:

This is a 53 year old male patient who sustained a work related injury on 9/6/2011 Patient sustained the injury due to cumulative trauma The current diagnoses include cervical and lumbar radiculopathy Per the doctor's note dated 10/16/14, patient has complaints of neck and low back pain a 3-5/10; persistent bilateral upper extremity and lower extremity symptoms; persistent and severe right wrist pain and numbness, tingling and burning in arms and legs Physical examination of the revealed gait was mildly antalgic, decreased range of motion in the cervical, thoracic and lumbar spines in all planes and limited by pain, decreased sensation in the right C6, C7 and C8 dermatomes, intact sensation in bilateral lower extremities, 5-/5 strength throughout in the left upper extremity, 4+/5 strength in the right deltoid, biceps, internal rotator and external rotator, 5-/5 strength in the right wrist extensors, wrist flexors, triceps, interossei, finger flexion and finger extension, 5-/5 strength bilaterally in the inverters, 5-/5 strength in the left tibialis anterior, 5-/5 strength in the left extensor hallucis longus muscle (EHL) and 4+/5 strength in the right tibialis anterior The current medication lists includes Pamelor The patient has had MRI of the cervical spine dated 02/17/2012 that revealed degenerative disc disease with facet arthropathy and retrolisthesis, C4-5, neural foraminal narrowing includes C3-4 moderate right; C5-6 moderate right; and C6-7 mild left neural foraminal narrowing; MRI of the lumbar spine dated 02/17/2012 that revealed degenerative disc disease with facet arthropathy and retrolisthesis, L4-5, canal stenosis includes L4-5 moderate canal stenosis due to left, paracentral protrusion/extrusion narrowing the left lateral recess, neural foraminal narrowing includes L3-4 mild left, L4-5 moderate bilateral neural foraminal narrowing; EMG/NCS of the bilateral upper and lower extremities dated 2/2/12 that revealed no evidence of cervical radiculopathy, and electro diagnostic evidence of right L4-5 radiculopathy; CT scan of the abdomen dated 6/04/2014 that revealed no evidence for mass, lymphadenopathy, free air or free fluid, degenerative disc disease

lumbar spine and descending colonic diverticulosis. Any surgical or procedure note related to this injury were not specified in the records provided. The patient has received 24 PT and 24 acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 3Wks for hte cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical therapy (PT); Low Back, Physical therapy (PT)

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

Decision rationale: The guidelines cited below state, " allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine" The patient has received 24 PT and 24 acupuncture visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy 2xWk x 3Wks for the cervical and lumbar spine is not fully established for this patient.