

Case Number:	CM14-0205927		
Date Assigned:	12/18/2014	Date of Injury:	12/18/2004
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male with an injury date of 12/18/04. As per progress report dated 10/27/14, the patient complains of low back pain, left posterior leg pain, right anterior leg pain, some residual neck pain, arm pain/numbness with headache. The pain is aggravated when changing positions, standing and sitting. The patient uses a cane for ambulation. The pain, function and mood have been rated at 9/10. The patient also has sleep issues due to pain. Physical examination, as per progress report dated 10/27/14, reveals pain in lumbar and cervical spine with radicular symptoms in extremities due to severe stenosis. Examination, as per 10/15/14 progress reports, reveals tenderness in cervical paraspinals and trapezii with spasm. Range of motion of cervical spine is limited with flexion at 45 degrees, extension at 40 degrees, and 60/70 degrees. There is tenderness in lower lumbar spine and right buttock with spasm. Straight leg raise is positive bilaterally along with diffuse sensory deficit in the lower extremities. Range of motion of the lumbar spine is also limited with flexion at 45 degrees, extension at 0 degrees, and lateral bending at 15 degrees bilaterally. Medications, as per progress report dated 10/27/14, include Ambien, Celebrex, Dilaudid, Methadone, MS Contin, Neurontin, Prilosec, Tigan, and Zanaflex. The patient is not working, as per progress report dated 10/15/14. MRI of the Cervical Spine, 05/20/14, as per progress report dated 10/27/14:- Severe degenerative changes of the cervical spine- Severe neural stenosis at C3-4, C4-5, C5-6 and to a lesser extent C6-7 secondary disc disease, uncinated, and bilateral facet diseaseMRI of the Lumbar Spine, 02/09/10, as per progress report dated 10/27/14: - Posterior disc bulges of 2 mm at T12-L1, 3mm at L5-S1, 4 mm at L2-1 where there is an annular fissure in the posterior aspect of the disc, 5 mm

at L2-3, 6 mm at L3-4, and 6 to 7 mm at L4-5 with disc space narrowing noted at T12-L1 and L2-3 through L4-5 with central canal narrowing that is slight at L1-2 and mild from L2-3 through L4-5- Bilateral facet hypertrophy which is moderate at L3-4 and mild at L4-5- Neural foraminal narrowing which is bilaterally mild at L2-3 and mild on the left and mild to moderate on the right at both L3-4 and L4-5Electrodiagnostic study, 09/03/14: Moderate bilateral C5 and C6 sensory radiculopathyDiagnoses, 10/27/14:- Lumbago- Brachial neuritis/radiculitis- Cervicalgia- Thor/lumbosacral Neuritis/radiculitisThe utilization review determination being challenged is dated 11/13/14. Treatment reports were provided from 05/12/14 -11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The patient presents with low back pain, left posterior leg pain, right anterior leg pain, some residual neck pain, arm pain/numbness with headache, as per progress report dated 10/27/14. The request is for physical therapy for thoracic, lumbar and cervical spine. The pain, function and mood have been rated at 9/10. The patient also has sleep issues due to pain, as per the same progress report. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, none of the available progress reports discuss prior physical therapy. However, given the patient's date of injury, it is reasonable to assume that the patient has had physical therapy in the past. In progress report dated 11/13/14, the treater states that they discussed physical therapy and "I've noted that I did not request a formal PT at this point." While MTUS does allow 8 sessions of physical therapy, the request does not include the duration of the treatment and the number of sessions needed. Hence, the request is not medically necessary.