

Case Number:	CM14-0078196		
Date Assigned:	07/18/2014	Date of Injury:	07/20/2006
Decision Date:	02/27/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 62 year old male was injured 7/20/06 after losing his balance and falling four feet. The injured worker struck a bar with his lumbar spine and landed on his left leg. He sustained injury to his cervical and lumbar spine, left hip and left knee. He complains of constant neck pain radiating down the bilateral upper extremities into the hands with numbness and tingling. The pain is dull at rest and sharp with activity. The injured worker experiences temporary relief with medications. His low back pain is constant with no radiation, numbness or tingling. He reports left anterior knee pain which is intermittent. He describes his neck and back pain intensity as 7/10. The injured worker does not use any cervical, lumbar, or knee supports. He is able to perform activities of daily living, but at a slower than normal pace. The IW indicates sleep difficulty due to pain. He reports inability to sit, stand or walk for any length of time due to his discomfort. On 6/9/08 the Injured Worker was involved in a motor vehicle accident which increased his neck, bilateral shoulders, low back and left knee pain. In 2009 he had a left knee arthroscopy and debridement. He is receiving physical therapy to the neck, bilateral shoulders, low back and left knee. In addition he is undergoing acupuncture, which is helpful (2/3/14) and has an established home exercise program The number of physical therapy and acupuncture treatments attended are not documented. His diagnoses include cervical and lumbar spine disc protrusions, bilateral upper and lower extremity radiculopathy and status post left knee partial lateral meniscectomy. His medications include Norco, Tramadol, cyclobenzaprine, omeprazole and tizanidine. The Injured Worker indicates sleep difficulty due to pain. He reports inability to sit, stand or walk for any length of time due to his discomfort. He is

able to shower and dress independently, but is slow second to his limitations. Physical exam revealed cervical range of motion to be limited in all directions with spasm upon flexion, palpable tenderness in the right trapezius musculature and of the lumbosacral junction with some spasm. Spurling's, Foraminal compression and shoulder depressor test are all positive bilaterally. Radiographs of the affected areas were unremarkable per notes dated 5/23/14. The injured worker did have electromyography/ nerve conduction studies in 2007 which were normal and another undated study indicated left L5 and S1 findings. A MRI dated 4/7/07 revealed central bulging at L5-S1 with no nerve root impingement. On March 25, 2014, medication refills were requested along with urine toxicology, pain management follow up, internal medicine consult, chiropractic and physiotherapy. The Injured Worker has not worked since 2006 and is eligible for vocational rehabilitation. On 5/2/14 Utilization Review non-certified requests for cervical and lumbar spine physiotherapy 2 times a week for 4 weeks based on CA MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2XWk X 4Wks, Cervical Spine and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Low Back Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-59.

Decision rationale: CA MTUS chronic pain guidelines state an intended goal of manual therapy is to achieve measurable goals in functional improvement. In addition, parameters set forth in these guidelines recommend maximum treatment duration of 8 weeks. The Injured Worker is already receiving physiotherapy; however, the duration and number of visits is not available in the records. In addition, documentation does not support there has been functional improvement related to these treatments. The Injured Worker continues to be unable to work, has poor sleep and stamina for activities of daily living due to ongoing pain and discomfort. In accordance with these recommendations, the request for additional physiotherapy is not medically necessary.