

Case Number:	CM15-0138929		
Date Assigned:	07/28/2015	Date of Injury:	12/06/2008
Decision Date:	09/01/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/17/2015

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: Family Practice

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 35 year old man sustained an industrial injury on 12/6/2008. The mechanism of injury is not detailed. Diagnoses include spinal cord injury secondary to epidural abscess and subsequent removal of spinal cord stimulator and urologic issues. Treatment has included oral medications and spinal cord stimulator (now removed). Physician notes dated 7/2/2015 show complaints of back pain and worsening urologic functioning. Recommendations include urology consultation and evaluation, left hip x-rays, thoracic spine MRI, laboratory testing, psychological evaluation, physical therapy, and follow up after imaging studies are completed. The injured worker is complaining of worsening leg pain. He feels his hip is sliding out of place and catching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 8 weeks: Upheld

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

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

Decision rationale: According to the MTUS guidelines, passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for myalgia, myositis, neuralgia, neuritis, and radiculitis. In this case, the medical records note that the injured worker is attempting to continue his home exercise program but is having significant difficulty holding positions of some of his exercises. While a course of physical therapy treatments would be supported, the request for 16 sessions of physical therapy exceeds the amount recommended by the MTUS guidelines. The request for Physical Therapy 2 times a week for 8 weeks is therefore not medically necessary and appropriate.

Urology Evaluation ASAP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: According to the CA MTUS ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The injured worker is diagnosed with spinal cord injury secondary to epidural abscess and subsequent removal of spinal cord stimulator and urologic issues. The injured worker has presented with complaints of worsening urologic functioning. The request for Urology Evaluation ASAP is medically necessary and appropriate.

AP and lateral X-Ray evaluation of the left hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations. Official Disability Guidelines, Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter/X-ray.

Decision rationale: According to ODG's hip and pelvic chapter, X-Ray is recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of

hip osteoarthritis. In this case, the injured worker is complaining of worsening leg pain. He feels his hip is sliding out of place and catching. The request for plain film imaging for further evaluation is supported. The request for AP and lateral X-Ray evaluation of the left hip is medically necessary and appropriate.