

Case Number:	CM15-0205802		
Date Assigned:	10/22/2015	Date of Injury:	11/08/2004
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina

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:

The injured worker is a 52 year old male who sustained an industrial injury on 11-8-04. The medical records indicate that the injured worker was being treated for bilateral lumbar facet pain; lumbar discogenic pain; bilateral lumbosacral radiculopathy. He currently (10-1-15) complains of constant lower back pain radiating to the left buttocks, posterior aspect of the left thigh, status post lumbar fusion times 2 and new lumbar fusion L4-5 and removal of hardware from L5-S1 (1-25-11) with worsened back pain; new onset right sided back pain radiating to the right buttock, posterior aspect of the right thigh which was noticed after the 1-25-11 lumbar fusion; increased neck pain radiating into both shoulders since 8-2014. His pain level is 6-9 out of 10. The back pain is improved with stretching and medication. The pain is limiting the injured worker's work, home, social, recreational, outdoor, sexual activities and appetite. On physical exam of the neck there was midline tenderness extending from C2 to C7, bilateral paravertebral muscle tenderness, bilateral cervical facet tenderness at C2-C3, C5- C6, bilateral trapezius tenderness, positive Spurling's test of cervical spine; the lower back exam revealed surgical scars, bilateral paravertebral muscle tenderness, bilateral lumbar facet tenderness at L3-4, L4-6; altered sensation in the C5-6 nerve root distribution bilaterally, left more than right. Diagnostics included electromyography-nerve conduction study of both upper extremities (12-9-14) showing bilateral carpal tunnel syndrome along with bilateral ulnar neuropathy involving both elbows, left more than right; MRI of the cervical spine (12-10-14) showing significant disc protrusion at multiple levels. Treatments to date include synchronized pump trial with implantation of epidural catheter (4-14-15) without benefit; medication: gabapentin, Exalgo, Ambien, Norco,

amlodipine, Seroquel; cervical epidural procedure (3-17-15) with 10 days of pain relief; psychotherapy; diagnostic facet medial nerve block (10-21-09) with 80% pain relief; radiofrequency bilateral L3-S1 (12-1-09). The request for authorization was not present. On 10-8-15 Utilization review non-certified the request for physical therapy 3 times a week for 6 weeks to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x6 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.