

Case Number:	CM15-0219833		
Date Assigned:	11/12/2015	Date of Injury:	12/06/2005
Decision Date:	12/30/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/09/2015

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, Hawaii

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:

This 55 year old male sustained an industrial injury on 12-6-05. Documentation indicated that the injured worker was receiving treatment for ongoing neck and back pain with cervical post laminectomy syndrome. Previous treatment included cervical fusion (2012), lumbar fusion x 2 (2006 and 2013), physical therapy, injections, spinal cord stimulator (implanted 3-26-15) and medications. Electromyography and nerve conduction velocity test of bilateral upper extremities (6-10-15) showed mild bilateral carpal tunnel syndrome. In a follow-up pain management consultation dated 9-22-15, the injured worker complained of ongoing "severe" axial back pain, rated 7 out of 10 on the visual analog scale. The injured worker reported getting "excellent" relief of pain radiating down the left leg following lumbar epidural steroid injection (8-20-15). The injured worker stated that he had been able to ambulate more. The injured worker reported that the spinal cord stimulator had not been working as he could not charge it. The injured worker also continuing ongoing neck pain with "significant" radicular symptoms to bilateral upper extremities, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for cervical spine with tenderness to palpation and trigger points in the neck and trapezius muscle, "significant" loss of range of motion, weakness throughout the left upper extremity with "significant" pain, "some" mild atrophy of the intrinsic muscles of the left hand, decreased sensation along the left triceps and lateral arm and blunted left triceps reflexes. Lumbar spine exam showed tenderness to palpation throughout the lumbar musculature with "significantly" hindered range of motion, decreased left foot and ankle strength, decreased sensation to the left lower extremity and positive bilateral straight leg raise. The physician noted that the injured

worker had new onset right wrist drop. The injured worker walked with an antalgic gait using a cane. The injured worker received trigger point injections during the office visit. The treatment plan included refilling medications (Anaprox, Prilosec, Doral, MS Contin and Percocet). On 10-8-15, a request for authorization was submitted for physical therapy twice a week for six weeks for the cervical spine and lumbar spine. On 10-13-15 Utilization Review noncertified a request for physical therapy twice a week for six weeks for the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xWk x 6Wks for the cervical and lumbar 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: The patient presents with 60% relief of left leg pain following a lumbar ESI with continued severe axial back pain. The current request is for physical therapy 2x6 for the cervical and lumbar spine. The medical reports submitted do not address the request for physical therapy. The most recent report dated 9/22/15 documented trigger points and an injection was performed, medication request for continued opioid usage was made, discussion was made for the possible need for cervical spinal cord stimulator, a comprehensive metabolic panel was requested and a cervical orthosis was requested. The MTUS guidelines recommend 8-10 physical therapy sessions for myalgia and neuritis type conditions. In this case, the treating physician has requested 12 sessions which exceeds the MTUS recommendations. There is no recent surgery, new injury, new diagnosis or any rationale provided for physical therapy that would justify exceeding the MTUS guideline recommendations. The current request is not medically necessary.