

Case Number:	CM15-0038851		
Date Assigned:	03/09/2015	Date of Injury:	02/20/2014
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 50-year-old female, who sustained an industrial injury on 02/20/2014. She reported pain in the left shoulder, neck and low back. The injured worker was diagnosed as having cervical discopathy at C5-6 and C6-7. Treatment to date has included a MRI that showed cervical discopathy, C5-C6 and C6-C7. Currently, (01/19/2015) the injured worker complains of bilateral hand numbness that started in March 2014. The plan of care includes artificial disc replacement C5-C6, C7 and evaluation by a pain management specialist for the lumbar spine with physical therapy. Requests were made for : Artificial disc replacement C5-C6-C7 with an inpatient 2 day stay, an assistant surgeon, preoperative clearance to include consultation, labs, ekg and chest x-ray. A soft cervical collar, evaluation by a pain management specialist for the lumbar spine, a course of physical therapy twice a week for six weeks for the lumbar spine, evaluation by a neurologist, and medications of Norco 5/325mg #60, 1 tablet every 4-6 hours as needed for pain, Cyclobenzaprine 7.5 mg #60 Take 1 tablet three times a day as needed for muscle spasm, Voltaren-XR 100mg tablet extended release #60, and a 6 panel urine drug testing was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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

Decision rationale: This patient receives treatment for chronic pain dating back to a work-related injury in February 2014. This patient received physical therapy treatment for low back pain previously. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, they are meant to provide reduction of inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at the phase of performing these home exercises at this stage of treatment. There are no new work-related injuries documented and no recent post-operative conditions related to the back. Additional physical therapy sessions are not medically indicated.