

<b>Case Number:</b>	CM13-0047142		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/07/2008
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a female patient with a date of injury of 11/7/08. A utilization review determination dated 10/14/13 recommends non-certification of a neurosurgical consultation for the lumbar spine and PT (physical therapy) for the lumbar spine and right shoulder 2 x 4. A progress report dated 9/25/13 identifies subjective complaints including neck pain 6 / 10 radiating to shoulder and upper extremities with tingling and numbness in hands and low back pain 8 / 10 with sharp pain. Objective examination findings identify positive cervical compression right, positive Jackson's right, positive Romberg's, restricted extension, right rotation, and right lateral flexion. Shoulder has positive apprehension, positive Neer's, and restricted extension and abduction. Right elbow has positive Tinel's. Lumbar spine has SLR (straight leg raise) at 40 degrees on the right, positive Braggard's right, positive sciatic notch right, restricted ROM (range of motion), positive Patrick's FABERE (noted to be for low back pain only), and decreased sensation at L5 on the right. The diagnoses include cervical spine strain, lumbar IVDD (Intervertebral disc disease) without myelopathy, L5 radiculopathy on the right, and right shoulder impingement. The treatment plan recommends a neurosurgical consultation for the lumbar spine and PT 2 x 4 for the lumbar spine and right shoulder. Lumbar spine MRI dated 9/3/09 identifies: L4-5 1 mm diffuse disc bulge with no neural foraminal narrowing or central canal stenosis. Mild bilateral facet hypertrophy is seen; L5-S1 1 mm diffuse disc bulge with no neural foraminal narrowing or spinal canal stenosis. Mild to moderate facet hypertrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Neurological consultation for the lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examination and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), Consultation section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examination and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 217.

**Decision rationale:** Regarding the request for neurological consultation for the lumbar spine, the California MTUS does not address this issue. The ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is no documentation of any neurological complaints in the lower extremities. On exam, there is a positive SLR (straight leg raise) at 40 degrees and decreased sensation at L5 on the right. However, the only documented imaging study is from 2009 and it does not identify any significant neuroforaminal stenosis, nerve root compression, or another potentially surgical lesion. In light of the above issues, the currently requested neurosurgical consultation for the lumbar spine is not medically necessary.

## **Physical therapy for the lumbar spine and right shoulder 2x4: 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:** Regarding the request for physical therapy for the lumbar spine and right shoulder 2x4, the California MTUS cites 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." Within the documentation available for review, there is documentation of completion of prior PT (physical therapy) sessions, but there is no documentation of specific objective functional improvement with the previous sessions. The remaining ROM (range of motion) deficits are not quantified and there is no weakness identified. There is no documentation as to why remaining deficits cannot be addressed with the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy of the lumbar spine and right shoulder 2x4 is not medically necessary.