

Case Number:	CM14-0166256		
Date Assigned:	10/13/2014	Date of Injury:	12/02/2010
Decision Date:	11/13/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

The injured worker is a 47-year-old male who sustained industrial-related injuries on December 2, 2010. According to the injured worker, the onset of his chronic neck and back pain began when he was pulling boxes from a rack. He is diagnosed with (a) myelopathy with progressive neurological dysfunction of the left lower extremity; (b) radiculopathy of the left lower extremity; (c) neck pain; (d) multi level disc herniations of the cervical, thoracic and lumbar spines; (e) rule out transient ischemic attack (TIA); and (f) depression. As per evaluation report dated January 8, 2014, the injured worker suffers from central sensitization and full body pain. He is deconditioned in a wheelchair. For his pain, he has tried multiple epidural steroid injections in his neck, lumbar spine, and thoracic spine with no relief. The report also indicated he has "had physical therapy with no help. He has had acupuncture with no help." Progress report dated August 4, 2014 indicated the injured worker continues to be wheelchair bound. As per report, he is losing his balance when he tries walking and is at risk of falling. He continued to have pain which gets relief with the Tramadol and anti-inflammatory medication. Cervical spine exam findings showed significant weakness in his left upper and lower extremity throughout and inability to lift arms overhead. Cervical ranges of motion were restricted in all planes. Lumbar/thoracic spine show significant weakness in his left lower extremity, antalgic gait, tenderness in the para-thoracic and paralumbar musculature, decreased motor testing at 3/5 in the bilateral lower extremities, and diminished sensation in the left lower extremity greater than the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 physical therapy visits for central pain syndrome and constipation: 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: The Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercises and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines also suggest that the demonstration of functional improvement at various milestones is a requirement for continued treatment. However, the fact that it was noted that prior therapies including physical therapy, acupuncture, etc. have failed previously and the injured worker continues to use numerous analgesics and adjuvant medications and has failed to return to any form of work implies the lack of functional improvement. Further, there is no indication that the injured worker had been following through with a home exercise program as recommended by guidelines to maintain improvement levels following his prior and extensive series of therapy. There were also no recent clinical documentation available to support persisting gastrointestinal deficits that would benefit from physical medicine and additional therapy. Therefore, the medical necessity of the 18 physical therapy visits for central pain syndrome and constipation is determined to be not medically necessary.