

Case Number:	CM14-0094270		
Date Assigned:	07/25/2014	Date of Injury:	08/09/2006
Decision Date:	10/08/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a female claimant with a date of injury of August 9, 2006. A utilization review determination dated June 3, 2014 recommends non-certification of physical therapy two times per week for six weeks for the cervical and lumbar spine. A progress note dated May 1, 2014 identifies subjective complaints of persistent low back pain that is manageable on the current medical regimen with a pain level of 5 on a 10 scale. The patient has a diagnosis of post lumbar laminectomy syndrome of the L5 - S1 done in November 2009, a recent evaluation by a neurosurgeon recommended further surgical intervention of the lumbar spine in the form of removal of the retained metal at L5 - S1 with extension of the fusion to the L4 - 5 level, however the patient has decided she does not want any further surgery. The patient continues to rely on her spinal cord stimulator which is implanted on March 31, 2011, the patient receives at least 50% relief of her lower back pain and radicular symptoms in her lower extremities, and because of the spinal cord stimulator she has been able to slowly come down on her Norco and reduce her MS Contin. The patient also continues to complain of neck pain that radiates down to both upper extremities that is aggravated by any type of bending, twisting, and turning. Her current pain level of the neck is an 8 on a 10 scale. The patient has multilevel disc disease along with electrodiagnostic findings consistent with acute right C 6 radiculopathy, bilateral carpal tunnel syndrome, and acute left C 6 - 7 radiculopathy. The patient's current medical regimen has been reasonable and appropriate enables her to function on a daily basis, and she is currently on MS Contin 15 mg twice a day, and Norco 10/225 68 tablets per day for breakthrough pain, she is able to perform activities of daily living as well as prepare meals with less pain due to medications. The patient is also on Soma 350 mg due to significant muscle rigidity and myospasm across her neck and lower back, and she also takes Topamax for headaches as well as for radicular symptoms of her upper and lower extremities. Physical examination identifies posterior cervical

musculature tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points palpable throughout the cervical paraspinal muscles, upper trapezius, and medial scapular region, she also has tenderness along the suboccipital regions bilaterally, she has significant decrease in range of motion, and she was able to bend her chin forward to around 20 and extension is limited to about 10 both maneuvers produce pain. The patient also has tenderness to palpation along the posterior lumbar musculature with decreased range of motion with both flexion and extension, straight leg raise is positive on the left at around 60, decreased sensation along the posterior lateral thigh, calf, and dorsum of the foot on the left in comparison to the right, and the patient has a mild antalgic gait favoring the left lower extremity. The diagnoses include C-5 - 6 and C6 -7 anterior cervical discectomy and fusion, bilateral upper extremity radiculopathy, L5 - S1 posterior lumbar interbody fusion, bilateral lower extremity radiculopathy left greater than right, lumbar spinal cord stimulator implant, and medication induced gastritis. The treatment plan recommends prescription refills for Norco 10/325 mg #240, Prilosec 20 mg #60, Colace 100 mg #100, MS Contin 15 mg #60, soma 350 mg #120, and Nortriptyline 50 mg #90. The treatment plan also recommends a request for authorization for outpatient physical therapy for the cervical and lumbar spine for two times a week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 6 weeks for Cervical and Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Neck Chapter Page 173; Low Back Chapter Page 298 (ODG), Neck & Upper Back Chapter, Physical Therapy; Low Back Chapter, Physical Therapy

Decision rationale: Regarding the request for Physical Therapy 2 times a week for 6 weeks for Cervical and Lumbar Spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from any previous therapy provided, and no documentation of specific objective treatment goals. In the absence of such documentation, the current request for Physical Therapy 2 times a week for 6 weeks for Cervical and Lumbar Spine is not medically necessary.