

Case Number:	CM14-0099030		
Date Assigned:	07/28/2014	Date of Injury:	04/28/2002
Decision Date:	09/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/27/2014

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 patient is a 58-year-old male who has submitted a claim for cervical spondylosis without myelopathy, displacement of cervical intervertebral disc without myelopathy, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, brachial neuritis or radiculitis not otherwise specified, other affections of shoulder region not elsewhere classified, sprain of neck, sprain lumbar region, and other aftercare involving internal fixation device associated with an industrial injury date of April 8, 2002. Medical records from 2008 through 2014 were reviewed, which showed that the patient complained of neck and low back pain. Cervical examination showed a well-healed surgical scar with no palpable tenderness. Range of motion was limited secondary to pain with flexion 40 degrees, extension 40 degrees, left rotation 70 degrees and right rotation 30 degrees. Spurling's test was positive bilaterally. Examination of the lumbar area showed a well-healed surgical scar with a decreased lumbar lordosis. Spinal vertebral tenderness was elicited bilaterally in the lumbar spine at the L3-S1 levels. Range of motion was noted to be decreased in the lumbar spine as well due to pain with flexion 40 degrees and extension 15 degrees. Extremity reflex testing revealed decreased Achilles tendon reflexes bilaterally. Motor strength is decreased in the right upper and lower extremity. Sensory exam showed decreased touch and pinpoint perception along the C6-8 and L4-S1 dermatomes. Straight leg raise with the patient in the seated position and the leg fully extended was negative on the right lower extremity for radicular pain at 80 degrees and positive on the left lower extremity for radicular pain at 70 degrees. Treatment to date has included: cervical fusion, lumbar fusion, and lumbar spine decompression and stabilization of L4 through S1. Treatment to control the patient's pain has included physical therapy (limited benefit), acupuncture (limited benefit), chiropractic (limited benefit), TENS (limited benefit) and medications (limited benefit) since 2002. Utilization review from May 30, 2014 was not

medically necessary for a request of physical therapy x 6, based on lack of information pending provision of additional documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The recommended number of visits for neuralgia, neuritis and radiculitis is 8-10 visits over 4 weeks. In this case, medical records show that the patient has had physical therapy since 2002. The total number of visits he had, the regularity of physical therapy and the functional improvements brought about by the therapy is not clear from the records. Furthermore, it is also not clear why the patient has not yet transitioned to home physical medicine at this point. Therefore, the request for physical therapy x 6 is not medically necessary.