MAXIMUS Federal Services

Case Number:	CM15-0011796		
Date Assigned:	01/29/2015	Date of Injury:	01/14/2011
Decision Date:	03/30/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who reported an injury on 01/14/2011. The mechanism of injury was not provided. His diagnoses was noted as chronic pain, other, cervical radiculopathy, lumbar radiculopathy, bilateral shoulder pain, anxiety, depression, and medication related dyspepsia. His past treatments were noted to include physical therapy, epidural steroid injections, medication, and topical analgesics. His diagnostic studies were noted to include an official MRI of the cervical spine performed on 03/21/2011, which is noted to reveal a 4 mm disc protrusion and mild central spinal canal stenosis at the C5-6 level, generalized spondylosis of the mid to lower cervical spine, and no evidence of fracture, dislocation, or metastatic disease. His surgical history was not provided. During the assessment on 12/23/2014, the injured worker complained of neck, low back and upper extremity pain. In regard to the neck pain, he indicated that the pain occurs constantly and radiated down the bilateral upper extremities, right greater than the left. He also indicated that the pain radiated bilaterally into the fingers. The injured worker's pain was accompanied by tingling and numbness, frequently in the bilateral upper extremities, to the level of the fingers. He described the pain as sharp and moderate in severity. In regard to his low back pain, he indicated the pain was constant and radiated down the bilateral lower extremities and the bilateral toes. He indicated that the pain was aggravated by activity and walking. In regard to his upper extremity pain, he indicated the pain was bilaterally in the shoulders, right worse than the left. He indicated that the pain occurred frequently and was aggravated by activity and hand function. He described the pain as sharp and moderate in severity. He rated the pain an 8/10 with his medications, and 10/10 without the medications.

The physical examination of the cervical spine revealed spasm noted at C4-7 in the right paraspinal muscles. There was spinal vertebral tenderness noted in the cervical spine in C4-7 level, with tenderness noted upon palpation at the bilateral paravertebral C4-6 area. The range of motion of the cervical spine was moderately limited due to pain. There was pain significantly increased with flexion, extension, and rotation. The sensory examination revealed decreased sensation in the right upper extremity, with the affected dermatome C5-6. The physical examination of the lumbar spine revealed tenderness upon palpation in the spinal vertebral area, L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain, and the pain was significantly increased with flexion and extension. The motor exam revealed decreased strength in the bilateral lower extremities, with a positive straight leg raise in the sitting position at 30 degrees. His medications were noted to include alprazolam 0.5 mg, bupropion HCL 100 mg, Dexilant DR 60 mg, Estazolam 2 mg, famotidine 20 mg, gabapentin 600 mg, hydroxyzine HCL 25 mg, and omeprazole DR 20 mg. The treatment plan was to repeat the transforaminal epidural steroid injection and cervical epidural steroid injection as needed. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the cervical and lumbar spine: 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: The request for physical therapy, 2 x4 for the cervical and lumbar spine, is not medically necessary. The California MTUS Guidelines note active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Guidelines recommend up to 10 visits over 8 weeks for myalgia and myositis, unspecified. The requested 8 visits would be within the guideline recommendations. However, the clinical documentation did not indicate the number of completed physical therapy visits, making it difficult to determine if the request exceeded the guideline recommendations. The clinical documentation did not include a detailed assessment of the injured worker's current functional condition, including range of motion and motor strength, which would support the request for physical therapy. There was a lack of adequate information regarding whether or not the injured worker had benefitted from the past physical therapy, or if there were any functional improvements made. Given the above, the request is not medically necessary.