

Case Number:	CM15-0127620		
Date Assigned:	07/14/2015	Date of Injury:	03/05/2013
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old male who sustained an industrial injury on 3/5/13 from a motor vehicle accident where the injured worker was rear-ended and initially felt dazed. Several hours after the accident he began to experience pain in the head, neck, low back and bilateral shoulders, left greater than right. He was medically evaluated, had x-rays and was given medication. He was initially returned to work without restrictions and was referred for physical therapy with some improvement. One month after the incident he was placed on modified work duty which the employer could not accommodate. He was referred for MRI of the cervical spine, bilateral shoulders and lumbar spine; sleep study and electrodiagnostic studies but there were no results available for review. He currently complains of intermittent neck pain (7/10, reduced from 8-9/10 since surgery) with radiation to the upper back and bilateral shoulders; intermittent low back pain with radiation to the tailbone; frequent headaches, five to six times per week. On physical exam of the cervical spine revealed slight decrease with range of motion, tenderness in greater occipital notch, paraspinal musculature; bilateral shoulder exam was negative; lumbar range of motion was limited and painful with tenderness over the lumbosacral junction, lumbar spinous process, paraspinal musculature, over the sciatic nerve on the right. He continues to have sleep difficulties. Medication was Tramadol. Diagnoses include anterior cervical discectomy and fusion with instrumentation, C5-6 (2/12/15) with improvement; chronic lumbosacral musculoligamentous strain with mild degenerative disc disease. Treatments to date include medication; physical therapy; acupuncture; injections (the injured worker was not sure where he got these but he thought it was the neck and left shoulder because the pain in these areas subsided). Diagnostics include x-rays of the cervical spine (5/28/15) showing

degenerative changes, anterior osteophyte formation; right and left shoulder x-rays (5/28/15) revealed mild narrowing of acromioclavicular joint; lumbar spine and sacroiliac joints (5/28/15) reveal multilevel anterolateral osteophyte formation; cervical spine x-ray 3/21/15) shows status post fusion and spondylotic changes at C4-5 and C5-6. On 5/28/15 the treating provider requested to continue physiotherapy twice per week for eight weeks to the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 8 weeks for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 98 of 127.

Decision rationale: This claimant was injured in 2013 in a motor vehicle accident. He was referred for MRI of the cervical spine, bilateral shoulders and lumbar spine; sleep study and electrodiagnostic studies but there were no results available for review. He currently complains of intermittent neck pain with radiation to the upper back and bilateral shoulders; intermittent low back pain with radiation to the tailbone; frequent headaches, five to six times per week. Diagnoses include anterior cervical discectomy and fusion with instrumentation, C5-6 (2/12/15) with improvement; chronic lumbosacral musculoligamentous strain with mild degenerative disc disease. Treatments to date include medication; physical therapy; acupuncture; injections (the injured worker was not sure where he got these but he thought it was the neck and left shoulder because the pain in these areas subsided). Functional objective outcomes of past therapy are not noted. The status of the home program is not noted. The MTUS does permit physical therapy in chronic situations, noting that one should 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 conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately non-certified and not medically necessary.