MAXIMUS Federal Services

Case Number:	CM15-0178929		
Date Assigned:	09/21/2015	Date of Injury:	10/10/2012
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 10-10-2012. The injured worker was diagnosed lumbosacral neuritis, spinal cord disease, lumbar-lumbosacral disc degeneration, post-laminectomy syndrome of cervical spine, quadriplegia, brachial neuritis, other back symptoms, cervical spondylosis with myelopathy, disc displacement, cervical spinal stenosis, cervicalgia, spinal stenosis of lumbar with neurogenic claudication, spinal stenosis, abnormality of gait, and lumbar spinal cord injury, and mild traumatic brain injury. The request for authorization is for: outpatient physical therapy two (2) times a week for four (4) weeks (24 previous) to the neck, low back, right hip; outpatient occupational therapy two (2) times a week for four (4) weeks (24 previous) to the neck, low back, right hip and; outpatient speech therapy two (2) times a week for four (4) weeks; pharmacy purchase of polyethylene glycol 3350 powder. The UR dated 8-21-2015: certified the request for pharmacy purchase of polyethylene glycol 3350 powder; non-certified the request for outpatient physical therapy two (2) times a week for four (4) weeks (24 previous) to the neck, low back, right hip; outpatient occupational therapy two (2) times a week for four (4) weeks (24 previous) to the neck, low back, right hip and; outpatient speech therapy two (2) times a week for four (4) weeks. On 7-16-2015, she reported leg weakness and spasticity. She is reported to have completed a Baclofen pump trial. She is reported to be wheelchair bound since the injury. Objective findings revealed bilateral lower extremity weakness and spasticity. On 7-17-2015, she is reported to have been unable to completed outpatient therapy previous to Baclofen pump placement on 7-16-2015 due to severe spasticity. On 8-10-2015, she reported

needing help with bathroom and car transferring. She indicated she continues to get daily headaches, and leg and back pain. She rated her pain 8 out of 10. Physical findings revealed decreased spasticity. Her pain is noted to be controlled. The treatment and diagnostic testing to date has included: pain pump (7-16-2015), medications, cervical fusion (2013), blood work.

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 4 weeks (24 previous) to the neck, low back, right hip, outpatient: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in October 2012 with a central cord cervical spinal cord injury as the result of an assault. She underwent a cervical decompression and fusion and recent treatment includes a Baclofen pump for spasticity management with placement on 07/16/15 and with a reported decreased in spasticity, which was affecting the lower extremities. She has a history of a mild traumatic brain injury as the results of the assault. She was seen for a speech therapy assessment while hospitalized after the pump placement. There had been improvement since a prior assessment. There were ongoing mild to moderate deficits. The claimant has quadriparesis lower extremity strength of 4-/5. Authorization is being requested for outpatient therapy services. The claimant is more than two years status post injury. In terms of recovery, most occurs in the first six to 12 months. However, recovery can extend beyond one year, and neurologic recovery continues for perhaps up to two years. In this case, the claimant has already had physical therapy, occupational therapy, and speech therapy services and there is no new injury. After pump placement, her spasticity has decreased and a trial of physical and occupational therapy would be appropriate. She would be expected to have improved function due to the decrease in spasticity and would need therapy for balance and lower body ADLs. In terms of physical therapy, her lower extremity strength may be adequate to allow for gait training. The number of treatments being requested is within guideline recommendations and is considered medically necessary.

Occupational therapy 2 times a week for 4 weeks (24 previous) to the neck, low back, right hip, outpatient: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in October 2012 with a central cord cervical spinal cord injury as the result of an assault. She underwent a cervical decompression and fusion and recent treatment includes a Baclofen pump for spasticity management with placement on 07/16/15 and with a reported decreased in spasticity, which was affecting the lower extremities. She has a history of a mild traumatic brain injury as the results of the assault. She was seen for a speech therapy assessment while hospitalized after the pump placement. There had been improvement since a prior assessment. There were ongoing mild to moderate deficits. The claimant has quadriparesis lower extremity strength of 4-/5. Authorization is being requested for outpatient therapy services. The claimant is more than two years status post injury. In terms of recovery, most occurs in the first six to 12 months. However, recovery can extend beyond one year, and neurologic recovery continues for perhaps up to two years. In this case, the claimant has already had physical therapy, occupational therapy, and speech therapy services and there is no new injury. After pump placement her spasticity has decreased and a trial of physical and occupational therapy would be appropriate. She would be expected to have improved function due to the decrease in spasticity and would need therapy for balance and lower body ADLs. In terms of physical therapy, her lower extremity strength may be adequate to allow for gait training. The number of treatments being requested is within guideline recommendations and is medically necessary.

Speech therapy 2 times a week for 4 weeks, outpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders).

Decision rationale: The claimant sustained a work injury in October 2012 with a central cord cervical spinal cord injury as the result of an assault. She underwent a cervical decompression and fusion and recent treatment includes a Baclofen pump for spasticity management with placement on 07/16/15 and with a reported decreased in spasticity, which was affecting the lower extremities. She has a history of a mild traumatic brain injury as the results of the assault. She was seen for a speech therapy assessment while hospitalized after the pump placement. There had been improvement since a prior assessment. There were ongoing mild to moderate deficits. The claimant has quadriparesis lower extremity strength of 4-/5. Authorization is being requested for outpatient therapy services. The claimant is more than two years status post injury. In terms of recovery, most occurs in the first six to 12 months. However, recovery can extend beyond one year, and neurologic recovery continues for perhaps up to two years. In this case, the claimant has already had physical therapy, occupational therapy, and speech therapy services and there is no new injury. After pump placement, her spasticity has decreased and a trial of physical and occupational therapy would be appropriate. She would be expected to have improved function due to the decrease in spasticity and would need therapy for balance and lower body ADLs. Speech therapy services are not medically necessary.