

Case Number:	CM15-0060094		
Date Assigned:	04/06/2015	Date of Injury:	09/19/2013
Decision Date:	05/13/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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: Pennsylvania, Ohio, California
 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 55 year old male, who sustained an industrial injury on September 19, 2013. He reported driving a forklift up a ramp when he drove into a truck, sustaining loss of consciousness, with head pain, chest pain, neck pain, and back pain. The injured worker was diagnosed as having cervical spine protruding disc at C5-C6, cervical spine left sided C6 radiculopathy, lumbar spine protruding disc at L5-S1, and lumbar spine left sided S1 radiculopathy. Treatment to date has included physical therapy, CT scans, home exercise program (HEP), acupuncture, MRIs, and medication. Currently, the injured worker complains of significant pain and spasm to both the neck and low back, with increased anxiety. The Primary Treating Physician's report dated February 25, 2015, noted the injured worker reported a fall on February 14, 2015, when his left leg gave way, with increased pain to the low back since the fall. Weakness of the bilateral lower extremities was noted to be more significant to the left. The injured worker was noted to use a cane for ambulation. Examination of the cervical spine was noted to show spasm about the left side of the neck, point tenderness upon palpation about the left side of the neck, and complaint of pain with motion that radiated to the left upper extremity. The lumbar spine was noted to show spasm about the lower lumbar area, point tenderness upon palpation about the lower lumbar region, with Lasegue's test positive on the left and complaint of pain with motion. The treatment plan included requests for authorization for physical therapy, a walker, and injections with pain management physician, with continued home physical therapy program and use of cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for treatment of cervical and lumbar spine: Overturned

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

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

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. A prior physician review notes there is no indication for additional supervised therapy in this case. However, this patient is status post a recent fall due to leg weakness and continues with use of a cane. Additional therapy is indicated to establish a safe independent gait; MTUS does support the requested physical therapy for this reason. The request is medically necessary.