

Case Number:	CM15-0078884		
Date Assigned:	04/30/2015	Date of Injury:	05/02/2013
Decision Date:	05/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/24/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 50 year old female, who sustained an industrial injury on 5/2/2013. She reported being hit on the top of the head with a basketball and losing consciousness. The injured worker was diagnosed as having chronic cervical sprain/strain superimposed on spondylosis with radicular pain in the left upper extremity, chronic lumbosacral sprain/strain superimposed on lumbar spondylosis with radicular pain in the bilateral lower extremities and lumbar spondylolisthesis and asymmetric pupils. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture, chiropractic care and medication management. In a progress note dated 4/17/2015, the injured worker complains of persistent neck and back pain with vision problems. The treating physician is requesting physical therapy evaluation for the cervical and lumbar spine, 8 physical therapy visits and neurology consultation for the right eye.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation for the cervical and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165 - 188, 287 -316,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 50 year old female who was hit on the top of her head with a basketball on 05/02/2013. She had a cervical sprain/strain and lumbar strain/strain. She was treated with physical therapy, chiropractic manipulation, medication and acupuncture. She continues to have neck and back pain and has asymmetric pupils. She already was treated with physical therapy and by this point in time she should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy is superior to a home exercise program. Further physical therapy is not medically necessary. Thus, an evaluation for further physical therapy is not medically necessary.

Physical therapy 2 times a week for 4 weeks for the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 165 - 188, 287 - 316,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 50 year old female who was hit on the top of her head with a basketball on 05/02/2013. She had a cervical sprain/strain and lumbar strain/strain. She was treated with physical therapy, chiropractic manipulation, medication and acupuncture. She continues to have neck and back pain and has asymmetric pupils. She already was treated with physical therapy and by this point in time she should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy is superior to a home exercise program. Further physical therapy is not medically necessary.

Consultation with a neurologist for the right eye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 IME and Consultations page 127.

Decision rationale: The patient is a 50 year old female who was hit on the top of her head with a basketball on 05/02/2013. She had a cervical sprain/strain and lumbar strain/strain. She was treated with physical therapy, chiropractic manipulation, medication and acupuncture. She

continues to have neck and back pain and has asymmetric pupils. There is no documentation that asymmetric pupils were from head trauma and related to the injury of two years ago. There is no documentation of progression of neurologic signs. Asymmetric pupils are not related to cervical or lumbar strain/sprain. There is insufficient documentation to substantiate the medical necessity of a neurologist consultation based on the documentation provided for review and the ACOEM guidelines. The request is not medically necessary.