

Case Number:	CM15-0105878		
Date Assigned:	06/10/2015	Date of Injury:	08/22/2014
Decision Date:	10/27/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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:

This is a 31 year old male with a date of injury of August 22, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for post traumatic headaches, cervical spine sprain and strain, and lumbar spine sprain and strain. Medical records dated May 8, 2015 indicate that the injured worker complains of intermittent moderate neck and lower back pain with radicular complaints in both hands and legs. Per the treating physician (May 8, 2015), the employee has work restrictions that include no lifting over 20 pounds and no repetitive squatting, kneeling, or climbing. The physical exam dated May 8, 2015 reveals tenderness to palpation of the paracervical and trapezius musculature, cervical range of motion restricted secondary to pain, cervical muscle spasm, increased tone and tenderness of the paralumbar musculature with tenderness at the midline thoraco-lumbar junction and over the level of L5-S1 facets and right greater sciatic notch, muscle spasms, positive Patrick Faber's test, and decreased Achilles tendon reflexes bilaterally. Treatment has included use of a cane and psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy, 2 x 4 weeks for the lumbar spine as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127; Official Disability Guidelines (ODG), www.odg-twc.com; Section: Low Back-Lumbar & Thoracic (Acute & Chronic); Official Disability Guidelines (ODG), www.odg-twc.com; Section: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), physical therapy (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in August 2014 and continues to be treated for neck and low back pain with upper and lower extremity radicular symptoms. The claimant has been treated by the requesting provider and was seen for reevaluation in November 2014. The initial evaluation was not provided. In November 2014, authorization for acupuncture was requested. Internal medicine, neurology, and psychiatric evaluation were subsequently requested. When seen in May 2015, the claimant was having intermittent moderate neck and low back pain with radicular complaints in the hands and legs. Physical examination findings included decreased and painful cervical spine range of motion with muscle spasms and cervical and trapezius muscle tenderness. There was midline chest tenderness. There was lumbar paravertebral muscle tenderness with increased muscle tone and midline tenderness at the thoracolumbar junction and lumbar facets. There were muscle spasms. There was right greater sciatic notch tenderness and Patrick's testing was positive. The claimant was noted to ambulate with a cane. There was decreased lower extremity strength bilaterally. Authorization was requested for physical therapy two times per week for four weeks for the cervical and lumbar spine. In terms of physical therapy for the claimant's cervical and low back condition, guidelines recommend up to 12 treatment sessions over 8 weeks and only partial concurrent treatments would be expected. In this case, the number of initial visits requested is within the guideline recommendation. There is no evidence that the claimant has previously received physical therapy for his condition and he has not returned to unrestricted work. The request is considered medically necessary.