

<b>Case Number:</b>	CM13-0008056		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	04/26/2011
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 04/26/2011. The primary diagnosis is 724.2. This patient is status post surgery on 04/20/2013 which consisted of an anterior cervical discectomy with fusion at C4 through C6. On 05/02/2013, the patient was seen in neurosurgical followup and was noted to be status post an anterior cervical discectomy and fusion with additional symptoms due to lumbar disc disease and lumbar radiculitis. Physical therapy was requested at that time three times a week x 4 weeks. By 08/28/2013, the patient continued with ongoing neck pain and low back pain. The patient was wearing a back brace. On exam the patient had tenderness in the lumbar paraspinal muscles with limited range of motion. No specific focal compressive neurologic lesion was noted. The patient was noted to be status post cervical fusion and status post right carpal tunnel release with resolved lateral epicondylitis and a lumbar disc protrusion. The patient was awaiting authorization for a left elbow fasciectomy procedure. An initial physician review noted that this patient had not had treatment to the lumbar spine and that physical medicine was appropriate, although 18 sessions was beyond the recommended duration. Therefore the request was modified to 8 sessions. A request for pain management consultation was non-certified with the rationale that the patient had not had an adequate trial of conservative measures which would be indicated before proceeding with a pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (PT) 18 sessions 3 times a week for 6 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Physical Medicine.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on physical medicine recommends, "Radiculitis unspecified....8-10 visits over 4 weeks...Allow for fading of treatment frequency plus active self-directed home physical medicine." This is a complex case with multiple overlapping diagnoses, and therefore no one specific guidelines applies in this case. However, 18 physical therapy sessions at one prescription exceeds the guideline recommendations, particularly the need to monitor progress and revise treatment goals as appropriate. Therefore, given that that request was for an entire 18 sessions of physical therapy, this request at this time is not medically necessary.

**Pain Management Consult with possible LESA times 2:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 45.

**Decision rationale:** The ACOEM Guidelines, chapter 3/treatment, page 45, recommend, "If the patient is not recovering as he or she expects, the patient and clinician should seek reasons for the delay and address them appropriately." Prior physician review notes that this patient has not yet had physical therapy treatment to the lumbar spine. In the bigger picture, this patient has an evolving multifocal pain syndrome which has persisted for over 2 years. The pain management consultation for input into both diagnoses and treatment would be supported in this situation. This request is medically necessary.