

<b>Case Number:</b>	CM14-0102759		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Family Medicine 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 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/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 injured worker is a 49 year old female who was injured on 09/01/10. The mechanism of injury is not described. The injured worker is status post anterior cervical discectomy and fusion (ACDF) performed at C6-7 in 2010. Clinical note dated 02/21/14 notes the injured worker reports a good outcome from the surgery and has been able to return to work. A magnetic resonance image (MRI) of the cervical spine dated 04/14/14 reveals mild degenerative changes at C5-6 with mild-to-moderate spinal canal and right-sided neural foraminal stenosis. The surgical hardware at C6-7 is intact with appropriate alignment and arthrodesis. Records reference an MRI of the lumbar spine dated 05/16/14 that reportedly revealed mild multilevel degenerative disc disease. At L4-5 there is a 2mm displaceable (sic) bilateral facet disease without central canal or neuroforaminal stenosis. At L5-S1 there is a 3mm disc bulge with mild bilateral facet disease and no spinal canal or foraminal stenosis. The injured worker is diagnosed with lumbago and cervical degenerative disc disease. Clinical note dated 06/03/14 notes the injured worker complains of neck pain that radiates down the left arm. It is noted this pain also extends down the back and into the upper buttocks and anterior thighs. The injured worker complains of constant low back pain that is worse with bending or twisting. It is noted this new progression of pain "came on about 3 months ago in her normal duties at work." Physical examination on this date reveals diminished sensation in the right forearm as compared to the left and decreased range of motion (ROM) about the cervical and lumbar spine. No lower or upper extremity muscle weakness is noted. There is no Hoffman's or Spuling's sign about the bilateral upper extremities and no straight leg raise, Clonus, Foot Drop or Babinski's Reflex about the bilateral lower extremities. This note indicates previous sessions of physical therapy were beneficial for the cervical region and suggests the injured worker participate in physical therapy for the cervical and lumbar spine. A request for 12 sessions of physical therapy for the cervical and

lumbar spine is submitted on 06/09/14 and is modified by Utilization Review dated 06/16/14 for certification of 6 sessions and denial of 6 sessions. This is an appeal request for 12 sessions of physical therapy for the cervical and lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**PT (Physical Therapy) 12 (2x6) cervical and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Neck & Upper Back Procedure last updated 4/14/14. Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 OF 127.

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines allow for up to 10 visits of physical therapy for myalgia, myositis, neuralgia, neuritis or radiculitis. There are no exceptional factors included in the documentation which would warrant approval of treatment in excess of guideline recommendations. While there is evidence that the injured worker had improvement in response to prior physical therapy and has ongoing deficits that likely would respond to a brief course of additional physical therapy (4-6 visits), the request for 12 additional physical therapy sessions is excessive and not indicated as medically necessary. Based on the clinical information provided, medical necessity of 12 sessions of physical therapy for the cervical and lumbar regions is not established.