

<b>Case Number:</b>	CM14-0124105		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/31/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 37-year-old female with a reported date of injury on 01/31/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include lumbago and cervicalgia. Her previous treatments were noted to include physical therapy and medications. Progress note dated 07/01/2014 revealed complaints of pain in the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above shoulder level. There was radiation of pain noted to the upper extremities and associated headaches. The injured worker rated her pain as 2/10. The injured worker complained of pain in the low back that was aggravated by bending, lifting, twisting, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. There was radiation of pain to the lower extremities noted and the injured worker rated the pain 8/10. The physical examination to the cervical spine noted palpable paravertebral muscle tenderness with spasms and positive axial loading compression test. The Spurling's maneuver was positive and range of motion was limited with pain. The physical examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm. The seated nerve root test was positive and the range of motion was with standing flexion and extension were guarded and restricted. There was no clinical evidence of stability upon the examination. The sensation and strength examination revealed tingling and numbness to the lateral thigh, anterior lateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. There was a 4 strength in the extensor hallucis longus and ankle plantar flexors, and the L5 and S1 innervated muscles. The provider indicated the injured worker was pending authorization for psychological clearance for surgery. The injured worker indicated she had attended a total of 12 sessions of physical therapy to her lumbar spine in 03/2013 and 04/2013 and these did nothing but offer her a few hours of reprieve from her pain following each session, with recurrent pain thereafter. The Request for Authorization

form was not submitted within the medical records. The request was to continue physical therapy 2 times 8 to the cervical and lumbar spine; however, the provider's rationale was not submitted within the medical records.

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

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

**Continue PT 2 x 6 Cervical and Lumbar Spine:** Upheld

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

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

**Decision rationale:** The request to Continue physical therapy two times six for the cervical and lumbar Spine is not medically necessary. The injured worker has participated in physical therapy. The California Chronic Pain Medical Treatment Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. There is a lack of documentation regarding current measurable functional deficits as well as quantifiable objective functional improvements with previous physical therapy sessions including the total number completed. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. Therefore, the request is not medically necessary.