

<b>Case Number:</b>	CM14-0157340		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 1, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical fusion surgery in 2001; transfer of care to and from various providers in various specialties; opioid therapy; and work restrictions. In a Utilization Review Report dated September 15, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the lumbar and cervical spines apiece, noting that the applicant had received 11 sessions of physical therapy in late 2014 alone. In a February 21, 2014 progress note, the applicant reported persistent complaints of neck pain following earlier cervical fusion surgery in 2010. The applicant was using naproxen and Flexeril for pain relief. The applicant was returned to regular duty work. The applicant was possessed of 5/5 bilateral upper and bilateral lower extremity strength, it was noted on that occasion. On June 3, 2014, the applicant again reported persistent complaints of neck, low back, and shoulder pain. The applicant was placed off of work, on total temporary disability, on this occasion. Cervical and lumbar physical therapies were sought. On July 25, 2014, the applicant was asked to continue on total temporary disability status while pursuing additional physical therapy. On September 3, 2014, the applicant was asked to continue conservative management via further physical therapy. A rather proscriptive 15-pound lifting limitation was endorsed. It was not clear whether the applicant was working with said limitation in place. The applicant was using Norco, naproxen, and Flexeril, it was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x6 for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines (Lumbar)

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

**Decision rationale:** The applicant has seemingly had prior treatment in late 2014 alone (at least 11 sessions, per the claims administrator), seemingly well in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. No rationale for further treatment in excess of MTUS parameters was proffered by the attending provider, particularly in light of the fact that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, the evidence on file suggested that the applicant did not have much in the way of residual impairment and could, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, effectively transition to a home exercise program. Therefore, the request is not medically necessary.

**Physical Therapy 2x6 for the Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

**Decision rationale:** The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. The applicant, furthermore, had already had at least 11 prior sessions of treatment in late 2014 alone. No compelling case for additional treatment in excess of MTUS parameters was proffered by the attending provider, particularly in light of the fact that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines indicates that applicants are expected to continue active therapies at home as an extension of the treatment process. As with the request for additional physical therapy for the lumbar spine, all evidence on file pointed to the applicant's being capable of transitioning to self-directed home physical medicine on or around the date of the request. Therefore, the request is not medically necessary.

