

<b>Case Number:</b>	CM14-0024444		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 has a subspecialty in Pain 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:

This is a 51-year-old female patient who sustained an industrial injury on 04/23/13 and is diagnosed with sprain of neck and sprain of lumbar region. The mechanism of injury occurred while the claimant was assisting a patient out of bed and injured her neck and back. A request for outpatient physical therapy (PT) eight (8) sessions for the cervical and lumbar was non-certified at utilization review on 02/19/14, noting that the claimant has received 16 sessions of physical therapy to date. There was noted that a comparison of the 2 most recent examinations on 12/17/13 and 01/22/14 revealed no improvement, pain levels remained the same, functional activity status remained the same. This suggested the claimant's condition has achieved maximum therapeutic benefit with respect to continued physical therapy. Physical therapy progress note dated 03/13/14 indicates the patient reporting no significant improvement in pain to the neck and low back. She reports temporary decrease in symptoms after each physical therapy visit. Current pain level was rated at 5/10 to the neck and 6/10 to the low back on 01/22/14, and had increased to 10/10 in both the cervical and lumbar spine on 03/13/14. There was no change in functional status from dates of 01/22/14 until 03/13/14. The patient continued to demonstrate an antalgic gait, excessive lateral trunk shift with decreased step length, increased tone throughout the bilateral paraspinals, upper trapezius, levator scapulae, anterior scalenes, and quadratus lumborum muscles. Range of motion of the cervical and lumbar spine both decreased as well during this time frame. It was noted the patient was independent with a home exercise program. Additional physical therapy sessions were recommended. Electrodiagnostic and nerve conduction study performed on 03/10/14 revealed evidence of a moderate left carpal tunnel syndrome. MRI of the lumbar spine dated 12/23/13 revealed early disc desiccation at L5-S1, as well as disc material and facet hypertrophy causing narrowing of the left neural foramen that he faces the left L5 exiting nerve root. At L4-5 there was a diffuse disc protrusion without

effacement of the thecal sac and disc material and facet hypertrophy causing narrowing of the left neural foramen that he faces the left L4 exiting nerve root. MRI of the cervical spine dated 12/23/13 revealed disc protrusions at C3-4, C4-5, C5-C6, with stenosis of the neuroforamina bilaterally faces the right and encroaches left C6 exiting nerve roots. At C6-C7 there was diffuse disc protrusion effacing the thecal sac with stenosis of the neural foramina bilaterally facing the right and encroaching the left C7 exiting nerve roots. At C7-T1 there was diffuse disc protrusion effacing the thecal sac and stenosis of the neural foramina bilaterally a facing the left and encroaching the right C8 exiting nerve roots. Previous treatment has included physical therapy, acupuncture, compounded oral medications, compounded topical medications, and TENS unit.

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

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

#### **PHYSICAL THERAPY (PT) TIMES EIGHT SESSIONS FOR THE CERVICAL AND LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**Decision rationale:** The California MTUS recommends: Allow for fading of treatment frequency plus active self-directed home physical medicine. In this case, the patient's injury is chronic and 23 sessions of physical therapy had been performed in the past. Physical therapy progress note dated 03/13/14 indicates the patient reporting no significant improvement in pain to the neck and low back. She reports temporary decrease in symptoms after each physical therapy visit. Current pain level was rated at 5/10 to the neck and 6/10 to the low back on 01/22/14, and had increased to 10/10 in both the cervical and lumbar spine on 03/13/14. There was no change in functional status from dates of 01/22/14 until 03/13/14. Range of motion of the cervical and lumbar spine both decreased as well during this time frame. It was noted the patient was independent with a home exercise program. There is no rationale as to why the patient needs to continue with supervised exercise therapy rather than continuing with a fully independent home exercise program, particularly given reported increase in symptoms and decline in function. Therefore, the requested outpatient physical therapy (PT) eight (8) sessions for the cervical and lumbar spine is not medically necessary.