

<b>Case Number:</b>	CM14-0031296		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 Internal Medicine has a subspecialty in Pulmonary Disease 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 54-year-old female with date of injury of 11/15/2012. Mode of injury is this injured worker was struck by a moving part of a harvesting machine. The injured worker has diagnoses of lumbar IVD syndrome, lumbar radiculitis, cervical spine sprain of neck, and cervical radiculitis. A QME report with re-evaluation was completed on 09/05/2013. The injured worker has been seen by physical therapy. The number of sessions is not provided in the documentation for review, nor the effectiveness of the therapy. Her current complaint is constant low back pain that increases with prolonged activities of daily living, bilateral leg pain, continued neck pain and stiffness, occasional pain in both arms, and still on and off headaches. The physician did recommend immediate evaluation with an orthopedic specialist, and a nerve conduction test. The physician also noted that continued treatment as per ACOEM Guidelines should continue until the results and opinion of the above doctor's evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TIMES 6 TREATMENT 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 Page(s): 98-99.

**Decision rationale:** The injured worker is a 54-year-old female with diagnoses of lumbar IVD syndrome, lumbar radiculitis, cervical spine sprain/strain, and cervical radiculitis. The injured worker does have some limitations to range of motion for both lumbar and cervical spine on examination. Orthopedic tests to the cervical spine that were positive for pain include compression test, Soto Hall test, and maximum foraminal encroachment test bilaterally. It was noted as part of the review of records, the injured worker did have prescription on 11/19/2012 for physical therapy 3 times a week times 2 weeks. On the PR-2 dated, it was recommended by the physician that the injured worker remain on light duty and requested physical therapy at that time. The physician noted on exam that the injured worker has been known to have pain in the lumbar and cervical spine with pain traveling into legs and arms. The physician notes the level of subjective pain with objective findings warrants the type of treatment outlined with orthopedic specialist and nerve conduction test at this time. The documentation provided in the exam and record review does note the injured worker does still have medical conditions that would warrant physical therapy. California Guidelines do recommend physical therapy and does note under Physical Medicine Guidelines that it does allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified 9 to 10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified 8 to 10 visits over 4 weeks. The documentation provided does note the injured worker has had physical therapy previously. There is no notation in the documentation provided for review how many sessions the injured worker has participated in and the effectiveness of the therapy. The reviewer does not have the documentation as far as number of sessions to see if injured worker would exceed with this request of physical therapy times 6 treatments for cervical and lumbar spine. Therefore, the request is non-certified.