

<b>Case Number:</b>	CM14-0036594		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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, has a subspecialty in 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 43 year-old patient sustained an injury on 4/25/13 from a trip and fall while employed by [REDACTED]. Request(s) under consideration include Outpatient Physiotherapy two times a week times six weeks to the lumbar and cervical spine. Diagnoses include neck sprain; lumbar region sprain. Report of 1/14/14 from the provider noted patient with ongoing neck and back pain. Exam showed trigger points, tenderness of lumbar facet with positive facet loading maneuvers; diffuse tenderness and muscle spasm of the cervical and lumbar spine. There is report dated 4/29/14 of patient undergoing lumbar epidural steroid injection at L5-S1. Hand-written report from pain management provider dated 5/16/14 noted patient with unchanged symptoms of low back pain radiating to legs with associated numbness and tingling; s/p LESI with 65% improvement in pain; however still rated at 5/10. Exam is unchanged with lumbar tenderness, decreased sensation, decreased symmetrical DTRs, and positive SLR. Diagnoses include cervical facet arthropathy/radiculopathy and lumbar radiculopathy. Treatment plan included Norco, Gabapentin, and topical compound creams refills; unchanged functional status. Request(s) for Outpatient Physiotherapy two times a week times six weeks to the lumbar and cervical spine was non-certified on 3/4/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physiotherapy two (2) times a week times six (6) weeks to the lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, , Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Page(s): 98-99.

**Decision rationale:** This 43 year-old patient sustained an injury on 4/25/13 from a trip and fall while employed by [REDACTED]. Request(s) under consideration include Outpatient Physiotherapy two times a week times six weeks to the lumbar and cervical spine. Diagnoses include neck sprain; lumbar region sprain. Report of 1/14/14 from the provider noted patient with ongoing neck and back pain. Exam showed trigger points, tenderness of lumbar facet with positive facet loading maneuvers; diffuse tenderness and muscle spasm of the cervical and lumbar spine. There is report dated 4/29/14 of patient undergoing lumbar epidural steroid injection at L5-S1. Hand-written report from pain management provider dated 5/16/14 noted patient with unchanged symptoms of low back pain radiating to legs with associated numbness and tingling; s/p LESI with 65% improvement in pain; however still rated at 5/10. Exam is unchanged with lumbar tenderness, decreased sensation, decreased symmetrical DTRs, and positive SLR. Diagnoses include cervical facet arthropathy/radiculopathy and lumbar radiculopathy. Treatment plan included Norco, Gabapentin, and topical compound creams refills; unchanged functional status. Submitted reports have no acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints and clinical findings without clear neurological deficits There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee reported therapy helping; however, without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The Outpatient Physiotherapy two times a week times six weeks to the lumbar and cervical spine is not medically necessary and appropriate.