

<b>Case Number:</b>	CM14-0062012		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 46-year-old female who reported an injury on 07/19/2012 due to an unknown mechanism. Electromyography and nerve conduction studies were done on 12/06/2013 which revealed bilateral carpal tunnel worse on the right, and L5-S1 left lower extremity radiculopathy. Physical examination on 06/11/2014 revealed complaints of increased cramping without Lyrica. The injured worker reported awaking every 3 hours unrefreshed from sleep due to pain level. The injured worker was able to transfer without assistance and ambulated with an antalgic gait due to left side pain. There was limited range of motion of the neck at end point of range. There was tenderness in the cervical spinous processes and lumbar spinous processes. Medications for the injured worker were Butrans patch 15 mcg/hour 1 patch per 7 days, Lyrica 100 mg 2 tablets twice a day, Lunesta 3 mg 1 at bedtime, Zanaflex 2 mg 1 every 6 hours for pain, Topamax 25 mg 2 tablets twice a day. Past medical treatments were not reported in the document submitted. Diagnoses for the injured worker were left sacroiliac joint dysfunction, chronic cervical sprain/strain, and chronic lumbar sprain/strain. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2xwk x 6wks, Neck and Lower Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back.

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

**Decision rationale:** The request for physical therapy 2 times a week for 6 weeks, neck and lower back is not medically necessary. The document submitted for review does not report any type of past physical medicine treatments, such as acupuncture, massage, or home exercise program. The injured worker's specific functional deficits were not documented. Range of motion of cervical and lumbar spines were not reported in values. The California Medical Utilization Schedule states physical medicine is recommended. 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. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Medical Guidelines allow for fading of treatment, plus active self-directed home physical medicine. For unspecified myalgia and myositis, it allows 9 to 10 visits over an 8 week period. For signs and symptoms of unspecified neuralgia, neuritis, and radiculitis, the guidelines allow 8 to 10 visits over a 4 week period. It is unclear if the injured worker has had any type of physical medicine in the past. The document submitted for review did not mention physical therapy as part of a treatment plan for the injured worker. Past treatments were not submitted such as acupuncture, chiropractic sessions, home exercises or stretching activities. Measurable functional deficits were not documented to support the need for formal physical therapy. Also, the request exceeds guideline recommendations. Therefore, the request is not medically necessary.