

<b>Case Number:</b>	CM14-0067146		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/10/2010
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 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 case of a 59-year-old female who has submitted a claim for lumbosacral radiculitis, spinal stenosis of lumbar region, brachial neuritis, vitamin D deficiency, shoulder joint pain and disorder of trunk associated with an industrial injury date of 01/10/2010. Medical records from 2013 to 2014 were reviewed. Latest progress reports show that the patient continues to experience generalized, constant pain, in the cervical spine region. It varied between dull ache and a sharp sensation. It is in the midline and radiates to the right and left. It radiates to her left upper limb at times and is associated with numbness, tingling, and weakness in both hands. She states that she has cervical stiffness and tightness. There is popping and cracking in her neck. She denies headaches due to the pain in the cervical spine. She states that the "pain in this region is aggravated by the movements of the head and neck." Overhead usage of the upper extremities does not increase the pain in this region. She states that the "pain in this region is alleviated by resting and taking medication." Applying a heating pad has a beneficial effect on this condition. Massage has a soothing effect. She also complains of lumbosacral spine pain, radiating to the right and left of midline, and varies between a dull ache and a sharp, stabbing sensation. There is intermittent radiation into both lower limbs associated with numbness, weakness, and tingling in both lower limbs, left greater than right. She states that the pain is usually aggravated by prolonged walking and standing, going upstairs, heavy lifting or bending, prolonged squatting or kneeling, driving, cold and damp weather, straining with a bowel movement, prolonged sitting, and prolonged lying down. She states that the pain is temporarily alleviated by resting and taking medications. Upon physical examination of the cervical spine, there are decreased ranges of motion bilaterally associated with pain upon range of motion (ROM) exercises, especially at the extremes. No cervical paravertebral spasm was noted. She has tenderness in the posterior aspect of the cervical spine, bilateral trapezius muscles, and along the vertebral borders of the right and

left scapulae. There were no sensory abnormalities noted in the bilateral upper extremities. Upon lumbosacral spine examination, there was tenderness in the low back area in the midline, bilateral paraspinal musculature, and over the greater sciatic notches and posterior bilaterally. She complained of pain halfway through a full squat and standing on her toes and heels. There were also decreased ranges of motion associated with pain upon ROM exercises. In the supine position, straight leg raising examination was positive at 75 degrees on the right, causing pain in the lower back region with radiation to the buttock; and positive on the left, with the same presentation at 70 degrees. In the sitting position, straight leg raising examination was positive at 80 degrees bilaterally. Sensory and motor examination was unremarkable. Treatment to date has included physical therapy, surgeries, home exercise, acupuncture and medications. Medications taken include Protonix, Fosamax, oyster shell calcium, Tylenol no.3 and, Naprosyn. She previously had 12 sessions of acupuncture treatment and physical therapy two times a week for two months. She also had 24 sessions of postoperative physical therapy that was started three to four months after surgery. She still reports that her back symptoms worsened significantly after the surgery and still experiences pain that does not allow her to sleep. Utilization review dated 04/11/2014 denied the request for PT x12 to the lumbar because patient has had extensive physical therapy/ chiropractic care for the chronic condition. There were no subjective benefits noted from physical therapy. Likewise, no objective improvement from physical therapy was documented. There was also no documentation as to why the patient is not able to continue to continue with rehabilitation on a home exercise program basis.

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

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

#### **12 Physical Therapy Visits to the Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 474.

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The guidelines recommend 8-10 visits over 4 weeks for Neuralgia, neuritis, and radiculitis, unspecified. In this case, the patient still complains of cervical spine and lumbosacral spine pain, unchanged from previous visits. She previously had 12 sessions of acupuncture treatment and physical therapy two times a week for two months. She also had 24 sessions of postoperative physical therapy. However, there was no documentation of any subjective or objective findings of pain alleviation or any functional benefit from physical therapy. She still reports that her back symptoms worsened significantly after the surgery and still experiences pain that does not allow her to sleep. There was no compelling rationale for

continued physical therapy and the medical necessity has not been established. Therefore, the request for 12 Physical Therapy Visits to the Lumbar is not medically necessary.