

<b>Case Number:</b>	CM14-0084775		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	12/30/2011
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 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 52-year-old female with date of injury of 12/30/2011. The patient suffered a fall to the ground when her chair slipped out from underneath her and she landed on her back. She complained of low back pain, right shoulder pain, right wrist pain, as well as neck pain. An MRI of the lumbar spine from 12/8/2013 revealed L3-L4 disc degeneration and 6-7 mm board based left central disc protrusion with inferior sub ligamentous extension. Also noted on MRI was mild facet arthropathy, which contributes to moderate encroachment of the lateral recesses bilaterally, greater on the left and moderate to severe degree of secondary central stenosis. No significant foraminal narrowing was noted. Mild lumbar spondylitis changes were also noted. In an interim orthopedic evaluation and report dated 3/24/2014, [REDACTED] indicated that the patient was still having right sided L5 radiculopathy and right sided leg pain and has recommended a trial of lumbar epidural blocks and then physical therapy treatment. The patient was diagnosed with lumbosacral neuritis, C5 degenerative spondylosis, and cervicothoracic myofasciitis and has had 30 authorized Physical Therapy visits in addition to 18 chiropractic treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2-x week x4 weeks for the Cervical 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 Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Based on MTUS guidelines, physical therapy is to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Therapy. Also, physical medicine guidelines recommend for myalgia and myositis, 9-10 visits over 8 weeks, 8-10 visits over 4 weeks for neuralgia, neuritis and radiculitis, and finally 24 visits over 16 weeks for reflex sympathetic dystrophy. Based on ODG guidelines, if significant symptoms causing self-limitations or restriction persist beyond 4-6 weeks, then referral for specialty evaluation such as physical medicine and rehabilitation may be indicated to assist in the confirmation of the provisional diagnosis and in the determination of further management. In this case, the patient had been approved for 30 visits of physical therapy, which exceeds the ODG guidelines for treatment. There was also no indication or mention of fading of treatment frequency or self-directed home physical therapy. Therefore, based on ODG guidelines and the evidence in this case, the request for Physical Therapy 2 times a week for 4 weeks for the cervical spine is not medically necessary.