

<b>Case Number:</b>	CM14-0196088		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational 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:

The applicant is an employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 7, 2013. In a Utilization Review Report dated November 7, 2014, the claims administrator denied 12 sessions of physical therapy for the cervical spine, approved two sessions of physical therapy for the cervical spine, and declined to address PT (physical therapy) for the lumbar spine on the grounds that the lumbar spine was not a compensable body part, per the claims administrator. The applicant's attorney subsequently appealed. In a progress note dated October 15, 2014, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities and neck pain radiating into the bilateral upper extremities. The applicant reported continued difficulty performing activities of daily living as standing, bending, stooping, and walking. The applicant was status post carpal tunnel release surgery, it was noted. The attending provider stated that he was refilling medications under separate cover. The attending provider stated that the applicant's comorbid psychiatric issues with depression and anxiety were impeding and delaying his recovery. The attending provider stated that he recommended that the applicant remain off of work, on total temporary disability, while 12 additional sessions of physical therapy were sought. In an earlier note dated August 18, 2014, the attending provider stated that he was seeking authorization for a brand-name transcutaneous electrotherapy device, noting that the applicant previously used an interferential stimulator. In an August 30, 2014 office visit, the attending provider furnished the applicant with a prescription for Ambien owing to pain-induced insomnia. The applicant was asked to pursue an internal medicine evaluation and psychological evaluation. The applicant's work status was not furnished, although it did not appear that the applicant had returned to work. The applicant had previously undergone a left-sided carpal tunnel release surgery on January 31,

2014. On April 10, 2014, the attending provider suggested that the applicant remain off of work, on total temporary disability.

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

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

**Physical therapy 3x4 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 Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 99, 8.

**Decision rationale:** The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation, furthermore, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS, despite prior physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.