

<b>Case Number:</b>	CM15-0001290		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	07/24/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 41 year old female, who sustained an industrial injury on 7/24/14 when she caught her apron in a roller, pulling her forward. She reported neck, right shoulder and back pain. The diagnoses have included cervical strain and lumbar strain. Treatment to date has included activity restrictions, medications and physical therapy. X-rays of the cervical spine and lumbar spine have been completed. Currently, the injured worker complains of continued neck and back pain. The treatment note of 9/24/14 documents slight tenderness with full range of motion of neck without discomfort. She had diffuse myofascial tenderness to entire back with full extension and lateral range of motion. On 12/23/14 Utilization Review non-certified additional 12 physical therapy visits, noting the Injured Worker had received extensive physical therapy in the past and should currently be independent with a home program. No evidence of ongoing functional progress with prior physical therapy was noted, she was also referred to orthopedic surgery due to lack of improvement with prior conservative treatment. The MTUS, ACOEM Guidelines, was cited. On 1/4/15, the injured worker submitted an application for IMR for review of additional physical therapy 12 visits for cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 x 6, Cervical & Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration; Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervicalgia (Neck Pain); Cervical Spondylosis; Official Disability Guidelines (ODG) Treatment, Integrated Treatment / Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck, Physical therapy and Low Back, Physical therapy

**Decision rationale:** The MTUS notes that physical medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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. (Colorado, 2002) (Airaksinen, 2006) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) 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. The ODG guidelines recommend physical therapy for Cervicalgia (neck pain); cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks, and for Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks. The ODG guidelines recommend physical therapy for lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks, and for sprains and strains of unspecified parts of back (ICD9 847): 10 visits over 5 weeks. In this case the injured worker has had previous physical therapy with no indication of functional improvement related to that treatment or with a home exercise program. The current request for 12 additional visits exceeds the recommended number of visits for the diagnoses of cervical and lumbar strain. The request for additional physical therapy 2x6, cervical and lumbar is not consistent with the MTUS and published guidelines and is not medically necessary.