

Case Number:	CM15-0133912		
Date Assigned:	07/22/2015	Date of Injury:	05/23/2000
Decision Date:	08/19/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59-year-old female, who sustained an industrial injury on 5/23/00. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spondylosis; trochanteric bursitis; severe desiccation of disc collapse at L5-S1; disc dessication of the lumbar spine; fibromyalgia/myofascial syndrome; cervical discectomy fusion. Treatment to date has included status post anterior cervical discectomy fusion and a left shoulder arthroscopy (1999; 2001); physical therapy; cold laser treatments; medications. Diagnostics studies included MRI cervical spine (5/14/15); EMG/NCV study upper and lower extremities (5/27/15). Currently, the PR-2 notes dated 5/27/15 indicated the injured worker complains of severe neck and low back pain with intermittent radiation to her arms and legs. Repetitive motion exacerbates her symptoms. She uses Flexeril to help symptoms and spasms. Physical examination of her cervical spine reveals a well-healed scar in the left lower neck. Her range of motion is decreased approximately 50% of normal and the Spurling's test is positive on the left. She has two scars over the left shoulder consistent with her previous surgeries of an anterior cervical discectomy fusion and a left shoulder arthroscopy (1999; 2001). Her motor exam of the right arm is grossly intact. She is unable to elevate the left arm past horizontal with her shoulder due to pain. Examination of the low back reveals significant tenderness in the low back. Extension increases her pain. Straight leg raising test is positive bilaterally. Her reflexes are $\frac{3}{4}$ for bilateral patellar and Achilles' with no clonus on exam. She has difficulty rising from a seated to standing position. Her gait is antalgic and motor exam is grossly intact but sensation is decreased in the

posterolateral legs. A MRI of the cervical spine dated 5/14/15 demonstrates ACDF surgical changes seen at C5-6. There are small disc bulges at the adjacent levels. No high-grade stenosis. EMG/NCV study of the bilateral upper and lower extremities was performed on 5/27/15. He documents there is a mild bilateral C7 sensory radiculopathies and mild bilateral L5 sensory radiculopathies. The provider is requesting authorization of physical therapy (cervical and lumbar spine) 18.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (cervical, lumbar) (1 x 18): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Neck and Upper Back Procedure Summary Online Version last updated 05/12/2015 Official Disability Guidelines-Treatment in Workers' Compensation, Low Back Procedure Summary Online Version last updated 05/15/2015.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface Physical Therapy.

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks. Regarding physical therapy, ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Submitted medical records indicate prior physical therapy in 2000 but lack documentation on progress or objective, functional improvement, and goals. Per guidelines, an initial trial of six sessions is necessary before additional sessions can be approved. The request for 18 sessions is in excess of guidelines. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. The prior reviewer modified the request and Physical therapy (cervical, lumbar) 1 x 6 was certified. As such, the request for Physical therapy (cervical, lumbar) (1 x 18) is not medically necessary.