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| <b>Case Number:</b>   | CM15-0137579 |                              |            |
| <b>Date Assigned:</b> | 07/27/2015   | <b>Date of Injury:</b>       | 08/30/2000 |
| <b>Decision Date:</b> | 08/24/2015   | <b>UR Denial Date:</b>       | 06/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/15/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male who sustained an industrial injury on 08/30/2000. The injured worker was diagnosed with cervical degenerative disc disease, lumbar degenerative disc disease, diverticulitis and depression. The injured worker is status post lumbar fusion in 2006 and two level cervical fusion in 2011. Treatment to date has included diagnostic testing with sacroiliac joint X-rays in December 2014, surgery, physical therapy, home exercise program, psychotherapy evaluation for trial spinal cord stimulator (SCS) trial, psychotherapy sessions, urologist consultation, gastroenterologist work-up with colonoscopy and medications.

According to the primary treating physician's progress report on May 1, 2015, the injured worker continues to experience neck and bilateral upper extremity and shoulder pain, low back, hips and lower extremity pain, upper and lower gastrointestinal (GI) distress, bladder and bowel incontinence and depression. The injured worker rates his pain level at 6/10. Examination demonstrated marked tenderness to the midline cervical spine and tenderness of the right shoulder. Range of motion of the cervical spine was deferred. Right shoulder range of motion was documented at abduction and flexion at 110 degrees each. Motor strength of the bilateral upper muscle groups was 5/5 except for the intrinsic muscles of the left hand which had mild weakness. Sensation to light touch was decreased along the right forearm and left arm and forearm. The examination of the lumbar spine demonstrated marked tenderness in the midline lumbar spine with range of motion noted as flexion at 60 degrees, extension at 10 degrees, bilateral lateral flexion at less than 5 degrees each, left lateral rotation at 30 degrees and right lateral rotation at 45 degrees. Motor strength of the bilateral lower extremities was 4/5.

Sensation to light touch was decreased along the posterior right leg, lateral left thigh and the anterior and lateral left leg. Straight leg raise was positive on the left at 30 degrees and negative on the right. Faber's test was positive bilaterally. The injured worker ambulated with an antalgic gait. Current medications are listed as Oxycodone, Cymbalta and Voltaren gel. Treatment plan consists of spinal cord stimulator (SCS) trial and peripheral nerve stimulator over the lateral sacral branches, continuing with gastro-enterologist and urologist follow-ups, referral to neurology, orthopedic surgeon, dental assessment and the current request for 12 sessions of physical therapy over 4 weeks for the lumbar spine and bilateral lower extremities.

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

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

**12 sessions of physical therapy over 4 weeks for the lumbar spine and bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work-related injury and is being treated for neck and low back pain with bilateral upper extremity and lower extremity symptoms and bilateral shoulder and hip pain. A multilevel cervical fusion was done in September 2011. When seen, the claimant's BMI was 41. There was an antalgic gait. There was decreased lumbar spine range of motion with tenderness. There was positive left straight leg raising. Fabere testing was positive bilaterally. There was decreased lower extremity strength and sensation. Authorization for 12 sessions of physical therapy or a gym membership for self-directed exercise was requested. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.