

<b>Case Number:</b>	CM15-0143919		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 56 year old female, who sustained an industrial injury on 4-27-2013. Diagnoses have included lumbar radiculopathy secondary to lumbar disc injuries, lumbar facet syndrome, Grade I retrolisthesis of L1 on L2, L2 on L3 and L3 on L4 with chronic lumbosacral strain, neck and upper extremity pain consistent with cervical radiculopathy secondary to cervical disc disease and nausea and vomiting of unknown etiology. Treatment to date has included a transcutaneous electrical nerve stimulation (TENS) unit and medication. According to the progress report dated 5-11-2015, the injured worker complained of persistent low back and bilateral leg pain, left more than right with left lower extremity pain, numbness and weakness. She also complained of neck and upper extremity pain with numbness and weakness, left more than right. The injured worker reported extreme difficulty performing even simple activities of daily living. Physical exam revealed severely reduced lumbar range of motion with moderate tenderness. Straight leg raise was positive on the left. There was reduced range of motion of the left hip and left shoulder. Authorization was requested for physical therapy to the bilateral upper extremities, bilateral lower extremities and lumbar spine three times a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, bilateral upper and bilateral lower extremities and lumbar spine quantity 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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 sustained a work injury in April 2013 and continues to be treated for radiating neck and low back pain. When seen, she was having constant symptoms interfering with activities of daily living. Physical examination findings included decreased spinal range of motion with multilevel tenderness. Straight leg raising was positive. There was decreased left shoulder and hip range of motion. There was decreased upper and lower extremity strength and sensation. The claimant had an antalgic gait and was using a walker. 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.