Case Number:	CM15-0164734		
Date Assigned:	09/02/2015	**Date of Injury:**	02/28/1994
Decision Date:	10/05/2015	**UR Denial Date:**	08/17/2015
Priority:	Standard	**Application Received:**	08/21/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 (IW) is a 67-year-old male who sustained an industrial injury on 02-28-1994. The mechanism of the injury is not found in the records reviewed. The injured worker was diagnosed as having: Radiculopathy, cervical; Myofascial pain; Fibromyalgia/myositis; Failed back syndrome, cervical; Unspecified myalgia and myositis; Postlaminectomy syndrome, cervical region. Treatment to date has included oral and transdermal medications, trigger point injections for pain in the cervical neck (03-17-2015), and physical therapy. On O6-30-2015, his current complaint was that of neck pain. Pain management was trigger point injection. On 07-01-2015, the request for authorization was presented for transdermal Flector patches and Norco. The diagnoses included Brachial Neuritis of radiculitis, unspecified myalgia and myositis, and postlaminectomy syndrome, cervical region. In The Primary Treating Physician's Progress report (PR-2) of 08-04-2015, the injured worker complains of chronic lumbar back pain. His current symptoms include pain, stiffness and decreased range of motion, and are "located in the left mid back, left low back, in the left sacroiliac region, in the right mid back, in the right low back, in the right sacroiliac region, on the left side more than the right and on the right side more than the left." On exam, there was 2+ tenderness bilaterally in the upper trapezius area, with normal sensation. Flexion was 35 degrees, Extension 30 degrees, right rotation 20 degrees, and left rotation 20 degrees. There was moderate tenderness to palpation over the spinal column with spasticity. Sensation was normal. In the lumbosacral spine, there was mild flank tenderness on the right side and tenderness over the medial low back and over the spinal column. There was

spasticity with normal sensation. The treatment plan included physical therapy for the back three times a week for four weeks to increase strength, range of motion, and flexibility, a back brace, and Genetic Counseling, and a transcutaneous electrical nerve stimulation (TENS) unit. The worker was advised to apply heat to the affected area, and take Motrin for pain. Follow-up appointment was planned in six weeks. A request for authorization was submitted for Physical therapy three times a week for four weeks, neck, back Qty: 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks, neck, back Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: 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) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) 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; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.