

<b>Case Number:</b>	CM15-0181278		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/10/1977
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 72 year old male, who sustained an industrial injury on 7-10-77. The documentation on 7-20-15 noted that the injured worker has been having daily neck pain 3 to 6 out of ten often with bilateral radiation to the elbows as pins and needles. The documentation noted that since the injured worker has been off physical therapy for approximately one month he is having more intense frequent daily neck pain and back pain and has been much less able to help with chores and around the house as well as perform his activities of daily living and has had increasing in frequency and intensity lower back pain with a sciatic down his right lower extremity often to his feet. The documentation noted that during the last 8 sessions of physical therapy the injured workers left sided sciatica was virtually eliminated and now he is once again experiencing left sided sciatica at times to his feet. The diagnoses have included lumbosacral spondylosis without myelopathy; degeneration of cervical intervertebral disc and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included physical therapy has been beneficial; tibial nerve stimulation and home exercise program. The injured workers current medications include lansoprazole; carvedilol; aspirin; atorvastatin; tramadol; hydroxyzine; prazosin; trazodone and finasteride. The original utilization review (9-8-15) non-certified the request for 8 sessions to physical therapy to the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions to physical therapy to the Cervical & Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.