

<b>Case Number:</b>	CM15-0181665		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	11/15/2005
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This is a 53 year old female with a date of injury of November 15, 2005. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculitis, cervical disc extrusion, cervical brachial myofascial pain syndrome, thoracic spine herniated nucleus pulposus, lumbar sprain and strain, and chronic pain syndrome. Medical records dated June 30, 2015, indicate that the injured worker complains of left sided neck pain, left shoulder blade and mid back pain with numbness in the left upper extremity, and lower back pain. Records also indicate pain rated at a level of 8 out of 10, 7 out of 10 at its best, 8 out of 10 on average, and 6 out of 10 after taking opioids with two to three hours of relief. A progress note dated August 26, 2015, notes subjective complaints of left sided neck pain, left shoulder blade and mid back pain with numbness in the left upper extremity, right arm pain, and lower back pain. Records also indicate pain rated at a level of 7 out of 10, 5 out of 10 at its best, 6 out of 10 on average, and 4 out of 10 after taking opioids with two to four hours of relief. Per the treating physician (August 26, 2015), the employee had work restrictions including no lifting over 5 pounds and no cashiering. The physical exam dated June 30, 2015, reveals spasms in the cervical paraspinal and superior trapezius muscles with tenderness, limited range of motion in all planes to approximately 50% rotation and 75% flexion and extension, tenderness between the shoulder blades worse on the left, and tenderness in the lower lumbar paraspinal muscles. The progress note dated August 26, 2015, documented a physical examination that showed no changes since the examination conducted on June 30, 2015. Treatment has included medications (Lidoderm patches, Motrin, and Tylenol #3 since at least March of 2015). The original Utilization Review (September 3, 2015) partially certified a request for four sessions of physical therapy for the neck and low back (original request for six sessions).

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

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

**Physical Therapy, twice a week, for three weeks, for the neck and low back:** 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:** According to the CA MTUS guideline cited, physical medicine guidelines for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, patients are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, she has completed 8 physical therapy sessions and would be expected to continue her active therapies at home as an extension of her treatment. Utilization Review had modified the original request to 4 more sessions to allow the injured worker to review her home exercise program, which may be reasonable in the case of this injured worker. However, based on the medical records and current guidelines, the request for physical therapy, twice a week, for three weeks, for the neck and low back, is not medically necessary and appropriate.