

<b>Case Number:</b>	CM15-0192612		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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

Certification(s)/Specialty: Emergency Medicine

### 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 44 year old female, who sustained an industrial injury on July 17, 2014. The injured worker was diagnosed as having displacement of the lumbar disc without myelopathy, neck sprain and strain, and concussion with no loss of consciousness. Treatment and diagnostic studies to date has included chiropractic therapy, magnetic resonance imaging of the cervical spine, and magnetic resonance imaging of the thoracic spine, magnetic resonance imaging of the lumbar spine, physical therapy, and laboratory studies. In a progress note dated September 02, 2015 the treating physician reports complaints of constant neck, back, and sacral pain, with intermittent back spasms and headaches two to four times a week. On September 02, 2015 the treating physician noted magnetic resonance imaging of the cervical spine performed on March 04, 2015 that was revealing for cervical five to six disc extrusion, loss of disc height and anterior and posterior osteophytes with cord flattening; magnetic resonance imaging of the thoracic spine with date not included that was revealing for minor disc desiccation at thoracic nine to ten; and magnetic resonance imaging of the lumbar spine performed on January 05, 2015 that was revealing for lumbar four to five lateral disc bulges with annular tear and lumbar three to four lateral disc bulge with left annular tear. The progress note from September 02, 2015 noted prior physical therapy to the coccyx, but the progress note did not include the quantity of prior physical therapy sessions, if the injured worker experienced any functional improvement, and the injured worker's numeric pain level on a visual analog scale prior to physical therapy and after physical therapy to determine the effects of the prior physical therapy. The progress notes from September 02, 2015, August 06, 2015, and July 30, 2015 did not include examination findings. On September 02, 2015, the treating physician requested orthopedic spine or

neurosurgical consultation and physical therapy 2 times a week for 4 weeks for a total of 8 sessions, but the progress note did not indicate the specific reason for the requested consultation and physical therapy. On September 14, 2015, the Utilization Review determined the requests for orthopedic spine or neurosurgical consultation and physical therapy 2 times a week for 4 weeks for a total of 8 sessions non-certified.

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

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

**Ortho spine or neurosurgical consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Low Back Complaints 2004, Section(s): Surgical Considerations.

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

**Decision rationale:** The requested ortho spine or neurosurgical consultation is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The treating physician has documented prior physical therapy to the coccyx, but the progress note did not include the quantity of prior physical therapy sessions, if the injured worker experienced any functional improvement, and the injured worker's numeric pain level on a visual analog scale prior to physical therapy and after physical therapy to determine the effects of the prior physical therapy. The progress notes from September 02, 2015, August 06, 2015, and July 30, 2015 did not include examination findings. On September 02, 2015, the treating physician requested orthopedic spine or neurosurgical consultation and physical therapy 2 times a week for 4 weeks for a total of 8 sessions, but the progress note did not indicate the specific reason for the requested consultation and physical therapy. The treating physician did not adequately document the medical necessity for this consult or how the treating physician is anticipating this consult will affect treatment. The criteria noted above not having been met, ortho spine or neurosurgical consultation is not medically necessary.

**Physical therapy 2 times a week for 4 weeks (8 sessions):** Upheld

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

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

**Decision rationale:** The requested Physical therapy 2 times a week for 4 weeks (8 sessions), is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical

Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The treating physician has documented prior physical therapy to the coccyx, but the progress note did not include the quantity of prior physical therapy sessions, if the injured worker experienced any functional improvement, and the injured worker's numeric pain level on a visual analog scale prior to physical therapy and after physical therapy to determine the effects of the prior physical therapy. The progress notes from September 02, 2015, August 06, 2015, and July 30, 2015 did not include examination findings. On September 02, 2015, the treating physician requested orthopedic spine or neurosurgical consultation and physical therapy 2 times a week for 4 weeks for a total of 8 sessions, but the progress note did not indicate the specific reason for the requested consultation and physical therapy. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy 2 times a week for 4 weeks (8 sessions) is not medically necessary.