

<b>Case Number:</b>	CM15-0196596		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	04/07/2015
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 male who sustained an industrial injury April 7, 2015. Past history included status post left L1-L2 microdecompression, 2011. Physical therapy progress notes dated August 5, 2015 (treatment started 06-30-2015) finds the injured worker complaining of neck pain radiating to the bilateral shoulders and low back pain radiating down the left leg. He is currently performing; therapeutic exercises using a swiss ball for the lumbar and cervical region for 30 minutes; 3-4 therapeutic exercises to increase range of motion of the lumbar and cervical spine for 30 minutes; soft tissue massage and H-wave stimulation of the lumbar region, with reported improvement after treatment. According to a primary treating physician's progress notes dated September 14, 2015, the injured worker presented for a return of back pain as well as left leg pain. He reports he just received a TENS unit, however, he is having increased pain in his back that is radiating down the left leg. Objective findings included; sensation decreased left distribution L3-L5 and S1; no Hoffman's or clonus. Assessment is documented as neck pain radiating down to bilateral shoulders; low back pain with left sided neuropathy. At issue, is the request for authorization for continued physical therapy two times a week for six weeks. An MRI of the cervical spine without contrast dated June 24, 2015, (report present in the medical record) impression; reversal of the cervical lordosis; C3-C4 there is a 2mm midline disc protrusion resulting in abutment and flattening of the cervical cord with moderate canal narrowing; also, a 2mm right foraminal disc osteophyte complex with abutment of the exiting right cervical nerve root; C6-C7 2mm midline disc protrusion with a mild degree of central canal narrowing; also a 2mm biforaminal disc osteophyte complexes resulting in abutment of the

exiting nerve roots bilaterally. An MRI of the lumbar spine dated June 23, 2015 (report present in the medical record) impression; L1-L2, 3mm left foraminal disc protrusion with abutment of the exiting left L1 nerve root; there is mild remote compression fracture of the L1 vertebra. According to utilization review dated September 30, 2015, the request for Physical Therapy (2) times (6) is non-certified.

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

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

**Continue physical therapy 2x a week for 6 weeks:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continued physical therapy two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker is back working and the diagnoses are neck pain radiating to the bilateral shoulders; low back pain with left sided radiculopathy; left L1 - L2 micro decompression in 2011. Date of injury is April 7, 2015. Request for authorization is September 24, 2015. According to a September 14, 2015 progress note, the worker is having ongoing back pain and leg pain. The MRI was benign. The injured worker just received a TENS unit. Objectively, motor function is 4/5 throughout. There is no documentation of prior physical therapy in the medical record. There is no documentation demonstrating objective optional improvement. Utilization review indicates the injured worker exceeded the recommended number of treatments (physical therapy). The specific number is not stated. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation containing prior physical therapy progress notes and no compelling clinical facts indicating additional physical therapy is clinically warranted, continued physical therapy two times per week times six weeks is not medically necessary.