

<b>Case Number:</b>	CM15-0197453		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	01/01/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 37 year old male, who sustained an industrial-work injury on 1-1-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck sprain and backache. Treatment to date has included pain medication, diagnostics, acupuncture, chiropractic, physical therapy at least 8 sessions, and other modalities. Medical records dated (1-30-15 to 2-26-15) indicate that the injured worker rates the pain 2-4 out of 10 on pain scale. The physician notes that the pain keeps fluctuating. The injured worker reports that range of motion has improved and strength has improved since last visit. The physician indicates that work exacerbates symptoms. Physical therapy has been on hold. The pain is in the neck, upper back, and low back and right wrist. Per the treating physician report dated 2-26-15, the injured worker has not returned to work. The physical exam dated 2-26-15 reveals abnormal cervical range of motion, neck palpation reveals tenderness, the range of motion of the thoracic and lumbar spine reveals abnormal findings, there is tenderness over the paraspinal areas bilaterally to palpation and straight leg raise is positive bilaterally. Magnetic resonance imaging (MRI) of the lumbar spine dated 8-4-14 reveals L5-S1 disc bulge causing minimal decrease in diameter of the lumbosacral canal. The Magnetic Resonance Imaging (MRI) of the cervical spine dated 7-30-14 reveals the C4-5 disc level shows dehiscence of the nucleus pulposus with disc protrusion, mild recess stenosis and mild bony hypertrophy. The C5-6 disc level shows dehiscence of the nucleus pulposus with disc protrusion and mild lateral recess stenosis. The C6-7 disc level shows dehiscence of the nucleus pulposus with disc protrusion. The requested services included Physical therapy 2 times a week for 4 weeks for neck and Physical therapy 2 times a week for 4

weeks for back pain. The original Utilization review dated 9-15-15 non-certified the request for Physical therapy 2 times a week for 4 weeks for neck and Physical therapy 2 times a week for 4 weeks for back pain.

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

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

#### **Physical therapy 2 times a week for 4 weeks for neck: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the neck 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's working diagnoses are unspecified musculoskeletal disorder and symptoms referable neck; other unspecified back disorder; cervical radiculopathy; lumbago; thoracic/lumbosacral neuritis/radiculitis unspecified; and sprain strain unspecified site of wrist. Date of injury is January 1, 2014. Request authorization is September 1, 2015. The most recent progress note in the medical record is dated February 26, 2015. There is no contemporaneous progress note documentation in the medical record on or about the date of request for authorization September 1, 2015. According to the February 26, 2015 progress note, the injured worker received muscle stimulation, exercises and traction. The pain score is 4/10. Subjective complaints include pain, upper and lower back pain and right wrist pain. Objectively, there is cervical and lumbar tenderness to palpation with decreased range of motion. The QME performed November 12, 2014 states the injured worker received 30 physical therapy sessions. There is no breakdown of physical therapy to the neck versus physical therapy to the back. The documentation does not demonstrate objective functional improvement to support ongoing physical therapy. There are no compelling clinical facts in the medical record to support additional physical therapy over the recommended guidelines. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, 30 prior physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy two times per week times four weeks to the neck is not medically necessary.

#### **Physical therapy 2 times a week for 4 weeks for back pain: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks to the back 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's working diagnoses are unspecified musculoskeletal disorder and symptoms referable neck; other unspecified back disorder; cervical radiculopathy; lumbago; thoracic/lumbosacral neuritis/radiculitis unspecified; and sprain strain unspecified site of wrist. Date of injury is January 1, 2014. Request authorization is September 1, 2015. The most recent progress note in the medical record is dated February 26, 2015. There is no contemporaneous progress note documentation in the medical record on or about the date of request for authorization September 1, 2015. According to the February 26, 2015 progress note, the injured worker received muscle stimulation, exercises and traction. The pain score is 4/10. Subjective complaints include pain, upper and lower back pain and right wrist pain. Objectively, there is cervical and lumbar tenderness to palpation with decreased range of motion. The QME performed November 12, 2014 states the injured worker received 30 physical therapy sessions. There is no breakdown of physical therapy to the neck versus physical therapy to the back. The documentation does not demonstrate objective functional improvement to support ongoing physical therapy. There are no compelling clinical facts in the medical record to support additional physical therapy over the recommended guidelines. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, 30 prior physical therapy sessions, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated, physical therapy two times per week times four weeks to the back is not medically necessary.