

<b>Case Number:</b>	CM15-0201228		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	03/22/2015
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 51 year old female, who sustained an industrial injury on 3-22-2015. The injured worker is being treated for bilateral trapezial trigger points and mechanical neck pain, cervical strain, moderate lumbar facet syndrome rule out herniated nucleus pulposus and lumbar strain. Treatment to date has included pain medications and physical therapy. Per the Primary Treating Physician's initial Orthopedic Report dated 8-18-2015, the injured worker reported cervical spine pain with radiation to the bilateral shoulders, pain in the bilateral shoulders with radiation to the arms with associated numbness and tingling in the hands as well as pain in the lumbar spine radiating to the bilateral legs. Objective findings included tenderness along the cervical spine, focal tenderness along the lumbar spine at L3-4, L4-5 and L5-S1 posterior spinous processes and paraspinal muscles bilaterally. Per the medical record dated 8-18-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with prior physical therapy. The plan of care included physical therapy for the neck and low back and modified work. Her work will not take her back with modified so her work status is technically temporarily totally disabled. Authorization was requested for 8 sessions of physical therapy (2x4) for the lumbar spine. On 9-18-2015, Utilization Review non-certified the request for 8 sessions of physical therapy (2x4) for the lumbar spine.

### 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 lumbar spine: 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) 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 lumbar spine 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 bilateral trapezial trigger points and mechanical neck pain; cervical strain; moderate lumbar facet syndrome rule out HNP; and lumbar strain. Date of injury is March 22, 2015. Request for authorization is September 14, 2015. According to a single new patient orthopedic evaluation in the medical record dated August 18, 2015, the worker received physical therapy two times per week over two months. Subjective complaints include cervical spine, shoulder and lumbar spine pain. The latter radiates to the bilateral legs with numbness and tingling. Objectively, there is tenderness to palpation with decreased range of motion. There is no neurologic deficit. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically warranted. There is no documentation the injured worker is engaged in a home exercise program. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement from prior PT, no compelling clinical facts indicating additional physical therapy is clinically warranted and no documentation the injured worker is engaged in a home exercise program or contraindication to a home exercise program, physical therapy two times per week times four weeks to the lumbar spine is not medically necessary.