

<b>Case Number:</b>	CM15-0203584		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	01/19/2006
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 59 year old male, who sustained an industrial injury on 1-19-06. The injured worker was diagnosed as having cervical myelopathy; gait instability; chronic non-specific low back pain; sciatica; left toe laceration. Treatment to date has included status post laminoplasty (2007); physical therapy; medications. Currently, the PR-2 notes dated 9-4-15 indicated the injured worker complains of neck pain. He reports his neck and back are still cramping up. He reports he "stubbed his left great toe and wearing a soft shoe on the left foot". This has affected his standing and walking tolerance as well as balance. He reports still has achy, sharp, stabbing pain across his neck and shoulder going down into his forearms, wrists and fingers and across the low back area down into both of his legs, left greater than right. He has difficulty with twisting, bending of the head and neck as well as waist, pushing, pulling, reaching, lifting along with bending of the head and neck and waist. Prolonged sitting, standing and walking is reported as problematic. He uses a single point cane for ambulatory support. He reports his medications improves his ability to function by at least 40% and reduces pain by 40-50%. He reports difficulty with cooking, dressing, driving, grooming, and sexual activity. He needs assistance with bathing and cleaning. On physical examination, the provider notes "cervical spine flexion 10 degrees and extension is neutral. Rotation right and left are 30 degrees. Side bending right and left is neutral. Lumbar spine pain limited range of motion forward flexion 20 degrees and extension is neutral. Rotation to right and left is 10 degrees. Sensory examination in the upper extremities demonstrates paresthesias in digits 1 through 5 bilaterally with light touch and lower extremities demonstrates paresthesias along the medial aspect of the left and

right legs. The provider notes the injured worker's medical condition was recently aggravated by a motor vehicle accident at which time he was rear-ended on 7-9-15 and has not recovered. The provider is requesting physical therapy and to allow him to wean to an independent self-directed home exercise program for functional levels of improvement. A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 9-30-15 and non-certification for 12 Physical therapy sessions. A request for authorization has been received for 12 Physical therapy sessions.

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

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

#### **12 Physical therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic); Chapter: Low Back - Lumbar & Thoracic (Acute & Chronic).

**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 to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions are 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status both cervical discectomy and fusion; cervical myelopathy; gait instability; chronic nonspecific low back pain; sciatica; and left toe laceration. Date of injury is January 19, 2006. Request for authorization is September 23, 2015. The medical record contains 38 pages. According to an April 22, 2015 progress note, the documentation indicates the injured worker is engaged in physical therapy. According to a May 5, 2015 progress note, the treating provider reduced physical therapy to one time per week to start a home exercise program. According to the most recent progress note dated September 4, 2015, subjective complaints are neck and back pain with recent motor vehicle accidents. The worker reinjured his cervical and lumbar spine. Objectively, there is decreased range of motion in the cervical and lumbar spine with tenderness. The treating provider is requesting additional physical therapy to then wean to a home exercise program. The injured worker is already engaged in a home exercise program. The total number of physical therapy sessions to date is not specified. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no physical therapy progress notes and documentation demonstrating objective optional improvement from prior therapy, no documentation indicating total number of physical therapy sessions to date and no compelling clinical facts indicating additional physical therapy is warranted, 12 physical therapy sessions are not medically necessary.