

<b>Case Number:</b>	CM15-0205188		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on 07-23-2007. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar intervertebral disc disorder with myelopathy, cervical intervertebral disc with myelopathy and left knee chronic pain. The injured worker is status post lumbar fusion (no date documented) and left knee arthroscopy (no date documented). According to the treating physician's progress reports on 08-21-2015 and 09-24-2015, the injured worker continues to experience pain in the bilateral cervical spine, bilateral lumbar spine, bilateral sacroiliac joints, sacrum, bilateral anterior and posterior legs, knees and calves. The injured worker rated his pain during the visit at 6 out of 10 on the pain scale with pain present approximately 100% of the time. Examination demonstrated an inability to perform heel-to-toe walk and difficulty changing from standing and seating positions. The injured worker requires the use of a cane for mobility. Extensor strength and lower extremity strength were improving with physiotherapy although his overall strength remained weak in the lower extremities. Cervical and lumbar range of motion was decreased in all planes. There was tenderness to palpation of the bilateral medial joint line with crepitus and edema. Prior treatments have included diagnostic testing, surgery, physical therapy (previous 11 sessions with improved strength and activities of daily living), inclinometry testing of the cervical and lumbar spine performed on 06-19-2015, internal medicine evaluation and follow-up and medications. Current medications were listed as Norco 10mg-325mg, Prilosec and topical compounds. The injured worker is on temporary total disability (TTD). Treatment plan consists of a recommendation for a Functional Capacity Evaluation (FCE), continuing

medication regimen, continuing home exercise program, bilateral knee brace and the current request for additional physiotherapy sessions for the cervical and lumbar spine, 2 times a week for 6 weeks with global work conditioning and strengthening. On 10-02-2015 the Utilization Review determined the request for additional physiotherapy sessions for the cervical and lumbar spine, 2 times a week for 6 weeks was not medically necessary.

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

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

**Additional physiotherapy sessions for the cervical and lumbar spine, 2 times 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 rationale:** This claimant was injured in 2007 with diagnoses of lumbar intervertebral disc disorder with myelopathy, cervical intervertebral disc with myelopathy, and left knee pain. There are past lumbar and knee surgeries, but the dates are not documented. The primary issue is continued pain. The intent of this therapy is work conditioning. An FCE is planned, but no results are noted. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient." Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. This request for more skilled, monitored therapy was appropriately non-certified. Therefore, the requested treatment is not medically necessary.