

<b>Case Number:</b>	CM15-0205372		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/27/1981
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/15/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56 year old male, who sustained an industrial injury on 7-27-1981. The injured worker is undergoing treatment for: lumbago, cervical and lumbar discopathy, double crush syndrome, carpal tunnel. On 4-3-2015, he reported neck pain rated 8 out of 10, and low back pain rated 4 out of 10. The low back pain is noted to be improving while the neck pain is noted as unchanged. The treatment plan included continuing physical therapy. On 8-4-15, he reported pain to the neck with radiation into the upper extremities, headaches, and low back pain with radiation into the lower extremities. He rated his pain 7 out of 10 and indicated his pain to be unchanged. Physical examination revealed tenderness and spasm in the neck, positive axial loading compression test, positive spurling's maneuver, limited cervical spine range of motion, "no clinical evidence of stability on exam", decreased sensation at C5, C6 dermatome, decreased strength of the upper arm and forearm. The records are unclear regarding efficacy of the already completed physical therapy. The treatment and diagnostic testing to date has included: medications, 2 cervical epidurals injections (dates unclear), one lumbar epidural injection (date unclear), and Toradol injection, undetermined amount of physical therapy completed. Medications have included: Benicar, naproxen, cyclobenzaprine, ondansetron, omeprazole, tramadol, and sumatriptan. Current work status: retired, maximum medical improvement. The request for authorization is for: 8 physical therapy sessions for the lumbar spine. The UR dated 9-15-2015: non-certified the request for 8 physical therapy sessions for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 PT Sessions 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 rationale:** Based on the 8/4/15 progress report provided by the treating physician, this patient presents with frequent cervical spine pain radiating into the upper extremities with associated headaches described as migrainous in nature as well as tension between the shoulder blades, and low back pain radiating into the lower extremities, rated 7/10. The treater has asked for 8 PT SESSIONS LUMBAR SPINE on 8/4/15. The patient's diagnosis per request for authorization dated 9/11/15 is lumbago. The patient's neck/back pain is unchanged and described as sharp per 8/4/15 report. The patient is s/p a lumbar epidural steroid injection of unspecified date which helped per 5/5/15 report. The patient is s/p 2 cervical epidural steroid injections with unspecified benefit per 4/3/15 report. There is no documentation of surgery to the lumbar or neck per review of reports. The patient's work status is not included in the provided documentation. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per utilization review letter dated 9/15/15, the patient was certified for 8 lumbar spine physical therapy sessions according to a prior utilization review dated 11/4/14, with no evidence of improvement. Review of reports dated 10/22/13 to 8/4/15 does not refer to the prior course of lumbar physical therapy, nor is there evidence of any other recent therapy. MTUS only allows for 8-10 sessions in non-operative cases. Considering the patient was previously authorized for 8 physical therapy sessions for the lumbar with no documentation of benefit, the current request for 8 additional sessions exceeds guideline recommendations. Hence, the request IS NOT medically necessary.