

<b>Case Number:</b>	CM15-0208026		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	01/22/2007
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Family Practice

### 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 39 year old female, who sustained an industrial injury on 01-22-2007. She has reported injury to the low back and bilateral wrists. The diagnoses have included lumbar intervertebral disc disorder with myelopathy; status post lumbar discectomy; cervical intervertebral disc disorder with myelopathy; peri-arthritis-shoulder; and status post left wrist tendon re-attachment. Treatment to date has included medications, diagnostics, activity modification, physical therapy, and surgical intervention. Medications have included Norco, Tramadol, Fioricet, Ambien, and Prilosec. A progress report from the treating physician, dated 09-11-2015, documented an evaluation with the injured worker. The injured worker reported pain in the neck, bilateral shoulders, upper thoracic spine, lumbar spine, bilateral sacroiliac spine, sacral region, left upper extremity, and right wrist; she rates the discomfort as an 8 out of 10 in intensity; she has numbness and tingling in the left shoulder and upper extremity, as well as the right lower extremity; she states to have notable anxiety and stress, and only sleeps 1-2 hours at night; and she feels better with medication. Objective findings included decreased cervical spine ranges of motion; tenderness to palpation at the paraspinal muscles and spasms palpated at the left trap region; decreased lumbar spine ranges of motion; limited range of motion secondary to pains; positive straight leg raise on the left; and paraspinal spasms are palpated. The treatment plan has included the request for 6 physiotherapy sessions 3 times a week for 2 weeks for the lumbar spine. The original utilization review, dated 09-24-2015, non-certified the request for 6 physiotherapy sessions 3 times a week for 2 weeks for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **6 Physiotherapy sessions 3 times a week for 2 weeks for the 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:** This patient receives treatment for chronic pain involving the lower back, wrists, and neck. This relates back to an industrial injury on 01/22/2007. The patient has post-laminectomy syndrome, cervical disc disease with radiation of pain, and is s/p wrist tendon reattachment. The patient reports chronic anxiety symptoms and insomnia. This patient receives treatment with multiple medications including tramadol, hydrocodone, Fioricet, and Ambien. The patient has become opioid dependent. On exam a decreased ROM of the neck, tenderness on palpation of the paralumbar muscles, decrease lumbar ROM, and positive SLR on the left (at what angle of elevation is not documented). The patient had 6 PT visits recently. This patient did not have a positive benefit to the most recent 6 visits of PT. The documentation state that the patient's pain increased and the patient voiced the fact that she lacked transportation. There is no further documentation addressing these two issues that argue against recommending additional PT. Given the 8 year history of the patient's chronic pain condition, there needs to be additional documentation of what physical therapy has previously addressed and if the patient is performing the activities of a home exercise program. The treatment guidelines consider physical therapy to be a form of passive therapy. As such, physical therapy is meant to provide a reduction in inflammation in the early phases of healing. These sessions are designed to be faded and replaced by a series of active treatments in the home. The patient ought to be at this phase of treatment, performing these exercises in the home. There are no new work-related injuries nor any post-operative conditions that would require more physical therapy at this time. Based on the documentation, additional PT sessions is not medically indicated.