

<b>Case Number:</b>	CM15-0216261		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Arizona, 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 was a 53 year old male, who sustained an industrial injury, March 6, 2012. The injured worker was undergoing treatment for cervical and lumbar discopathy, cervicgia, cubital and carpal tunnel syndrome and right shoulder impingement syndrome with partial rotator cuff tear and thoracic myalgia rule out thoracic discopathy. According to progress note of September 3, 2015, the injured worker's chief complaint was constant pain in the cervical spine that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. The pain was rated at 6 out of 10. The pain was characterized as sharp. There was radiation of the pain into the upper extremities. There were associated headaches that were migraines in nature as well as tension between the shoulder blades. The injured worker reported the pain improved after an epidural steroid injection. There was constant low back pain which was aggravated by bending, lifting, twisting, pushing, pulling prolonged sitting, prolonged standing and walking multiple blocks. The pain was rated 6 out of 10. The thoracic spine pain was rated at 6 out of 10. The pain was characterized as sharp. The physical exam noted tenderness of the cervical and thoracic paravertebral muscles and upper trapezius muscles with spasms. There was a positive axial loading compression test. There was tingling and numbness into the anterior shoulder, arm, lateral forearm and hand the greatest being thumb and middle finger which correlates with the C5-C6 and C6-C7 dermatomal pattern. The injured worker previously received the following treatments. There was 4 out of 5 strength in the upper extremities. The lumbar spine examination noted tenderness with palpation of the paravertebral muscles with spasms. The seated nerve root testing was positive. The standing

flexion and extension were guarded and restricted. There was tingle and numbness in the lateral thigh, anterolateral and posterior leg, as well as, the foot, which was consistent with L5-S1 dermatomal pattern. The RFA (request for authorization) dated October 13, 2015; the following treatments were requested physical therapy 2 times a week for 4 weeks for the cervical spine and the purchase of a lumbar brace. The UR (utilization review board) denied certification on October 19, 2015; for physical therapy 2 times a week for 4 weeks and the purchase of a lumbar brace.

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

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

#### **Physical therapy two times per week for four weeks (2x4): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS). In this case, there is no mention/evidence of prior physical therapy completion. Based on the history of chronic back pain and interventions including ESIs, the request for 8 sessions of therapy for the back and neck are medically necessary and appropriate.

#### **Lumbar brace; purchase: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

**Decision rationale:** According to the ACOEM guidelines, lumbar supports have not been shown to provide lasting benefit beyond the acute phase of symptom relief. In this case, the claimant's injury was remote and symptoms were chronic. The long-term use of a back brace is not medically necessary and therefore the purchase of the brace is unnecessary.