

<b>Case Number:</b>	CM15-0030681		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	03/10/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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, 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 62 year old female who sustained an industrial injury on 03/10/2011. The injured worker was diagnosed with cervical intervertebral disc displacement without myelopathy, bilateral shoulder impingement syndrome, lumbar intervertebral disc displacement without myelopathy, sciatica, rule out fibromyalgia and post-traumatic stress disorder. Treatment to date includes diagnostic testing, physical therapy and medications. There was no documentation of surgical interventions. According to the primary treating physician's progress report on January 12, 2015, the injured worker continues to experience neck and back pain. The injured worker rates her pain level at 8/10. Examination of the cervical spine demonstrated bilateral cervical paraspinal and upper trapezius muscles tenderness. Midline tenderness was present C4 through T1 with decreased painful range of motion in all planes. Spurling's, foraminal compression and distraction tests were positive bilaterally. Left C5 and C6 noted hypoesthesia. The bilateral shoulders revealed scapular dyskinesia with tenderness of the deltoid and supraspinatus muscles bilaterally. There was decreased range of motion and positive impingement tests bilaterally. Examination of the lumbar spine noted tenderness to palpation of the bilateral paraspinal muscles with decreased painful range of motion especially on extension. Straight leg raise and Kemp's were positive bilaterally. The injured worker had thenar atrophy with tenderness over the dorsal wrists bilaterally. The injured worker had normal posture and gait. A urine drug screening was performed at the office visit. Current medication prescribed is Norco. Treatment plan consists of rheumatology consultation, transfer of care, opioid medication and the current request for physical therapy twice a week for 8 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:

### **Physical Therapy 2x8 Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 65, Chronic Pain Treatment Guidelines Occupational Medical Practice Guidelines Page(s): 78, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines; treatment index, 13th edition (web), 2015, Pain, office visits, low back, physical therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week times eight weeks is 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are displacement cervical intervertebral disc without myelopathy; bilateral shoulder impingement syndrome; displacement lumbar intervertebral disc without myelopathy; sciatica; and posttraumatic stress disorder rule out fibromyalgia. The date of injury is March 10, 2011. The request for authorization is dated January 13, 2015. Documentation from a July 28, 2014 progress note indicates the injured worker completed #12 physical therapy sessions. The documentation does not indicate what area was treated (cervical versus lumbar). There is no documentation evidencing objective functional improvement prior physical therapy. According to a January 12, 2015 progress note, the injured worker has persistent neck, bilateral shoulder and low back pain. Objectively, there is tenderness palpation over the lumbar paraspinal muscle groups. There are no compelling clinical facts indicating additional physical therapy is warranted (over and above the recommended guidelines). Consequently, absent clinical documentation of prior physical therapy with prior physical therapy progress notes and evidence of objective functional improvement, compelling clinical facts indicating additional physical therapy is clinically warranted, physical therapy two times per week times eight weeks of the lumbar spine is not medically necessary.