

<b>Case Number:</b>	CM15-0042472		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	07/03/2005
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 73-year-old female sustained a work related injury on 07/03/2005. According to a hand written, partially legible, progress report dated 01/23/2015, Signs and symptoms were unchanged. She continued to have cervical spine pain and lumbar spine pain. She was unable to lift bilateral upper extremities and was positive for difficulty with walking. Diagnoses were unclear. Treatment plan included continue exercise. The injured worker was to remain off work until 02/27/2015. According to a progress report dated 10/28/2014, the injured worker complained of whole body, spine and multiple joint pains since 2005. Pain was across the lower back, worst 10/10, intermittent, aggravated with movement, relief with rest, intermittent radiation of pain to bilateral legs, no associated weakness, associated sensation changes of bilateral legs. Diagnoses included lumbago, lumbar disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, neuralgia, neuritis and radiculitis not otherwise specified. Medications were not started due the history of side effects with many pain medications. Treatment plan included referral to physical therapy for the lumbar spine for a total of 6 weeks, 3-4 times per week and progress to home exercise. Interventional treatment in the form of a medial branch nerve block was discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Sessions of physical therapy for the lumbar spine and cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** 6 Sessions of physical therapy for the lumbar spine and cervical spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior physical therapy. It is unclear how many prior PT visits the patient had and the outcome of these visits. Without clarification of functional improvement from prior therapy additional 6 sessions of physical therapy are not medically necessary.