

<b>Case Number:</b>	CM15-0052888		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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:

This 35-year-old female sustained an industrial injury to the back and neck on 5/6/10. Previous treatment included magnetic resonance imaging, traction, home exercise, walking, heat application, lumbar brace and medications. In a PR-2 dated 2/5/15, the injured worker complained of intermittent pain, rated 5/10 on the visual analog scale, to the neck and back with radiation down the leg and numbness and tingling to the toes. The physician noted that the injured worker had never tried physical therapy. Current diagnoses included thoracic spine, lumbar spine and cervical spine sprain/strain, cervical spine disc bulge, overweight, depression, anxiety, chronic pain and disability with delayed functional recovery, bilateral carpal tunnel syndrome, left Guyon's canal syndrome, lumbar facet arthropathy, cervical spine radiculopathy, occipital neuropathy, occipital neuralgia, lumbar spine radiculopathy, trochanteric bursitis, sacroiliac dysfunction and insomnia. The treatment plan included chiropractic therapy twice a week for three weeks, physical therapy three times a week for four weeks and medications (Flector patch, Xanax, Ibuprofen and Labetolol).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x per week x 4 weeks Lumbar and Cervical Spine:** Upheld

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

**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) Neck Section, Low Back Section, Physical Therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the lumbar spine and cervical spine 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are musculoligamentous sprain thoracic spine; musculoligamentous sprain lumbar spine; musculoligamentous sprain cervical spine; disc bulging cervical spine; chronic pain and disability related functional recovery; carpal tunnel syndrome wrist bilateral; Guyon's canal syndrome; lumbar facet arthropathy; cervical spine radiculopathy; occipital neuropathy; trochanteric bursitis left; sacroiliac dysfunction; and insomnia. Documentation from a February 5, 2015 progress note shows the injured worker has persistent symptoms in the neck and low back with the VAS pain scale 5/10. There was no objective section/physical examination in the progress note. The utilization review indicates the injured worker was previously certified for 6 physical therapy visits. There is no documentation with objective functional improvement referencing those physical therapy visits. The guidelines recommend 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). There is no objective functional improvement documented in medical record. Additionally, assuming physical therapy was rendered and received by the injured worker; additional physical therapy is not clinically indicated. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record warranting additional physical therapy. Consequently, absent clinical documentation with objective functional improvement and compelling clinical facts, indicating additional physical therapy is necessary, physical therapy three times per week times four weeks to the lumbar spine and cervical spine is not medically necessary.