

<b>Case Number:</b>	CM15-0059176		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2015

### 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: Massachusetts

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

### 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 50 year old female sustained an industrial injury to the neck and back on 7/26/11. Previous treatment included physical therapy. In a PR-2 dated 1/29/15, the injured worker complained of cervical spine pain with radiation into the upper extremities, associated with headaches and tension between the shoulder blades and low back pain with radiation into the lower extremities. The injured worker rated her pain 6-8/10 on the visual analog scale. Physical exam was remarkable for cervical spine with paraspinal musculature tenderness to palpation and spasm, positive compression test, positive Spurling maneuver, limited range of motion and intact strength and sensation as well as lumbar spine with tenderness to palpation to the paraspinal musculature, positive seated nerve root test and restricted range of motion. Current diagnoses included lumbago and cervicalgia. The treatment plan included refilling medications (Nalfon, Omeprazole, Cyclobenzaprine, Tramadol and Lunesta) and a spine specialist second opinion for lumbar fusion. The physician noted that the injured worker required an extension for authorization of lumbar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1-2 days per week for 10 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic radiating neck and low back pain. Physical examination findings include cervical and lumbar paraspinal tenderness with decreased range of motion and pain with positive neural tension signs. Also being requested is authorization for a second surgical opinion for a possible lumbar fusion. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested, up to 20, is in excess of that recommended and therefore not medically necessary.