

<b>Case Number:</b>	CM15-0082215		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/29/1998
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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:

The injured worker is a 71-year-old male, who sustained an industrial injury on 07/29/1998. He reported pain in his upper and lower back and right shoulder. Treatment to date has included physical therapy, chiropractic care, steroid injections, MRI of the shoulder and cervical and lumbar spine and medications. A scan performed in 2014 showed cervical spine stenosis at C5-6. According to a progress report dated 03/16/2015, the injured worker complained of low back pain that radiated to the posterior thighs and calves and numbness in his left posterior/lateral thigh and calf. Left leg pain was greater than right leg pain. He felt stiffness in his leg with prolonged sitting. He continued to complain of pain in the bilateral shoulders, worse on the right. There was numbness and weakness in both arms. He had difficulty sleeping for long periods of time due to right shoulder pain. He had no neck pain. Diagnoses included history of right acromioclavicular joint strain, right acromioclavicular arthrosis, cervical spondylosis with bilateral foraminal stenosis C3-C4, C4-C5, C5-C6 and C6-C7, lumbar spondylosis, degenerative disc disease and degenerative scoliosis with foraminal stenosis right greater than left L3-L4 and L4-5, history of L3 laminotomy or laminectomy and probable arachnoiditis. He had completed a course of physical therapy for the lumbar and cervical spine with no significant changes in his symptoms. He was discouraged with the results. Treatment plan included continuance of physical therapy for the cervical spine and an epidural injection at left L3-4. The provider noted that the injured worker had undergone conservative care consisting of physical therapy without improvement. Currently under review is the request for physical therapy for the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Cervical Spine (unspecified frequency/duration):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): table 12-5, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Physical Therapy Guidelines.

**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 has a remote history of a work injury occurring in July 1998. When requested, he had completed a course of physical therapy without change in symptoms. He was having radiating low back pain and left lower extremity numbness. Physical examination findings included decreased and painful lumbar spine range of motion with midline tenderness and bilateral trapezius muscle tenderness. Under the chronic pain treatment guidelines, a six visit clinical trial with a formal reassessment prior to continuing therapy is recommended. In this case, the claimant has recently completed a course of physical therapy without benefit. Continued physical therapy is not medically necessary.