

<b>Case Number:</b>	CM15-0237589		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	06/17/2014
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female who sustained an industrial injury on 6-17-14. A review of the medical records indicates she is undergoing treatment for L4-S1 disc protrusions with bilateral neuroforaminal narrowing, left lower extremity radiculopathy, C4-C5 disc protrusion with bilateral neuroforaminal narrowing, left upper extremity radiculopathy, cervical spine sprain and strain, lumbar spine sprain and strain, left shoulder sprain and strain - rule out internal derangement, and status post bilateral shoulder rotator cuff repair in 2010 and 2013. Medical records (7-24-15, 8-21-15, 9-18-15, and 10-16-15) indicate ongoing complaints of "moderately severe" neck pain that radiates to the left upper extremity with associated numbness and tingling to the left hand, rating "5-7 out of 10", "moderate to severe" low back pain that radiates to bilateral lower extremities with associated numbness in the left lower extremity, rating "5-9 out of 10", and "mild to severe" left shoulder pain, with a varied pain rating of "3-4 out of 10" to "7 out of 10". The injured worker reports difficulty with bending forward, backward, sideways, prolonged driving, sleeping, self-care and personal hygiene, including showering, brushing teeth, getting on and off the toilet, donning and doffing socks and shoes, opening a gallon of milk, opening jars, prolonged sitting, standing, and walking, reclining, rising from a chair, getting in and out of bed, climbing stairs, working outside, housework, shopping, carrying groceries, caring for her grandchildren, engaging in hobbies, and getting in and out of a car. The physical exam (10-16-15) reveals a "slow and guarded" gait. Limited range of motion is noted in the cervical and lumbar spine. Spurling's test is positive on the left. The straight leg raise is positive bilaterally. Weakness is noted in the left upper extremity and bilateral lower

extremities. Decreased sensation is noted in the left upper extremity and bilateral lower extremities. Diagnostic studies have included x-rays of the cervical spine, lumbar spine, and left shoulder, as well as MRIs of the cervical and lumbar spine. Treatment has included a transforaminal epidural steroid injection of left L5 and S1 and medications. Her medications include Ibuprofen (since at least 3-5-15). She was evaluated by physical therapy on 10-1-15 and has undergone 4 sessions from 10-7-15 to 11-4-15. The 7-24-15 record indicates that she has "received 6 or 8 sessions of therapy with slight relief noted". Treatment recommendations include continuation of physical therapy and chiropractic treatment. The utilization review (11-5-15) includes a request for authorization of physical therapy 2 times a week for 4 weeks for the cervical and lumbar spine and Ibuprofen 800mg three times daily. Both requests were denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy, 2 x week x 4 weeks, cervical and lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient was injured on 06/17/14 and presents with neck pain, low back pain, and left shoulder pain. The request is for PHYSICAL THERAPY, 2 X WEEK X 4 WEEKS, CERVICAL AND LUMBAR SPINE. The RFA is dated 10/16/15 and the patient and the patient is on temporary total disability. The patient has had prior physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has a slow/guarded gait, a limited range of motion of the cervical/lumbar spine, a positive Spurling's test, a positive straight leg raise, weakness in the left upper extremity and bilateral lower extremities, and decreased sensation in the left upper extremity and bilateral lower extremities. She is diagnosed with L4-S1 disc protrusions with bilateral neuroforaminal narrowing, left lower extremity radiculopathy, C4-C5 disc protrusion with bilateral neuroforaminal narrowing, left upper extremity radiculopathy, cervical spine sprain/strain, lumbar spine sprain/strain, left shoulder sprain/strain - rule out internal derangement, and status post bilateral shoulder rotator cuff repair in 2010 and 2013. Treatment to date includes a transforaminal epidural steroid injection of left L5 and S1 and medications. The reason for the request is not provided. The utilization review letter states that the claimant has 5 remaining physical therapy sessions to complete as of 11/04/15. The claimant had initial physical therapy visit on 10/01/15. The claimant was seen on 10/07/15, 10/15/15, 10/19/15, and 11/02/15 and is scheduled on 11/04/15. The claimant also has a history of prior physical therapy services. The patient has had prior physical therapy, however, there is no indication of how many sessions the patient had in total or how these sessions impacted the patient's pain and function. There is no discussion regarding

why the patient is unable to establish a home exercise program to manage her pain. Therefore, the requested physical therapy IS NOT medically necessary.

**Ibuprofen 800mg one po tid (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The patient was injured on 06/17/14 and presents with neck pain, low back pain, and left shoulder pain. The request is for IBUPROFEN 800 MG ONE PO TID (UNSPECIFIED QUANTITY). The RFA is dated 10/16/15 and the patient is on temporary total disability. MTUS Guidelines, Anti-inflammatory Medications Section, page 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has a slow/guarded gait, a limited range of motion of the cervical/lumbar spine, a positive Spurling's test, a positive straight leg raise, weakness in the left upper extremity and bilateral lower extremities, and decreased sensation in the left upper extremity and bilateral lower extremities. She is diagnosed with L4-S1 disc protrusions with bilateral neuroforaminal narrowing, left lower extremity radiculopathy, C4-C5 disc protrusion with bilateral neuroforaminal narrowing, left upper extremity radiculopathy, cervical spine sprain/strain, lumbar spine sprain/strain, left shoulder sprain/strain - rule out internal derangement, and status post bilateral shoulder rotator cuff repair in 2010 and 2013. Treatment to date includes a transforaminal epidural steroid injection of left L5 and S1 and medications. The reason for the request is not provided. However, none of the reports provided discuss how Ibuprofen has specifically impacted the patient's pain and function. Therefore, the request IS NOT medically necessary.