

<b>Case Number:</b>	CM14-0144918		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 45-year-old male who reported an injury on 03/14/2013. The mechanism of injury occurred due to repetitive motions while restocking the storeroom. His diagnoses included multilevel disc herniations of the cervical spine with moderate to severe neural foraminal narrowing, facet arthropathy of the cervical spine, lumbar disc extrusion at L5-S1 with right sided neural foraminal narrowing, lumbar radiculopathy, and multilevel disc herniations of the thoracic spine with stenosis. The injured worker's past treatments included acupuncture, a home exercise program, topical ointments, medications, and approximately 20 sessions of physical therapy. The injured worker's diagnostic exams were not clearly indicated in the clinical notes. His surgical history was not clearly indicated in the clinical notes. On 08/08/2014, the injured worker complained of neck pain with occasional radiation symptoms of pins and needle sensation and pain to the bilateral upper extremities of the hands. He also complained of aching low back pain with occasional radiation of stabbing and aching pain down into his bilateral lower extremities including the calves. The physical examination findings revealed diffuse tenderness to palpation of the cervical and lumbar spine. Also, he had limited range of motion of the cervical and lumbar spine with decreased sensation of the right S1 dermatome. It was also noted that his bilateral wrist extensors and wrist flexors were -5/5. The injured worker's medications included Norco 5/325 mg, LidoPro cream, Ketoprofen cream, Menthoderm gel, and Tylenol as needed. The treatment plan encompassed the use Norco 5/325 mg as needed for severe pain, as well as the use of LidoPro cream to reduce his need for oral medications. The treatment plan also consisted of additional physical therapy once a week for 8 weeks to the cervical spine. A request was received for physical therapy once a week for 8 weeks to the cervical spine. A specific rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/08/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 1x week for 8 weeks for the Cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(.

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

**Decision rationale:** The request for Physical Therapy 1x week for 8 weeks for the cervical spine is not medically necessary. The California guidelines recommend physical medicine for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The continuation of physical medicine is based on quantitative measurable outcomes that show improvement in functionality, pain reduction, and the increased of range of motion. For the indication of neuralgia, neuritis, and radiculitis, the guidelines recommend 8-10 physical therapy visits over 4 weeks with evidence of functional improvements. Based on the clinical notes, the injured worker had a diagnosis that would warrant the use of physical medicine. However, the clinical notes indicated that the injured worker had approximately 20 prior physical therapy sessions with no indication of efficacy or progress. In order to receive additional physical therapy there must documented evidence that shows quantitative progress in functionality and range of motion. Additionally, the use of 20 prior physical therapy sessions exceeds the recommend number of therapy visits of 8-10 visits over 4 weeks set by the guidelines. Therefore, due to lack of documentation indicating that the injured worker had measurable gains or deficits and the account of 20 prior physical therapy visits, the request is not supported. Thus, the request for physical therapy once a week for 8 weeks is not medically necessary.