

<b>Case Number:</b>	CM14-0031846		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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. 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 50 year old male, who sustained an industrial injury on July 22, 2011. Diagnoses included lumbar strain and radiculopathy, cervical facet disease, and multilevel degenerative changes of the cervical spine. Treatment to date has included cervical trigger point injections, home exercise program, and non-steroidal anti-inflammatory medication. The medical records refer to a course of physical therapy with manual therapy, electrical stimulation, and heat for the lower back. The records show he was treated with physical therapy for the right elbow pain/upper extremity strain with moist heat packs, therapeutic exercise, manual therapy, ultrasound, and electrical stimulation. On January 27, 2014, the treating physician noted intermittent neck pain over 3-4 years. The pain radiates down the right arm. Previously, the injured worker had tried course of physical therapy and trigger point injections for the neck, which were not beneficial. The cervical spine exam revealed limited range of motion, and tenderness throughout the trapezial muscles, greater on the right than the left. There was full strength of bilateral upper extremities, negative Spurling's maneuver, and negative bilateral Hoffman's sign. On February 27, 2014 Utilization Review modified a prescription for an additional 8 visits (2 x 4 weeks) of physical therapy for the lumbar and cervical spines, noting the lack of current documentation of symptomatic complaints, objective exam findings, or functional limitations, and lack of discussion of functional goals that would support 8 physical therapy visits. The patient had prior physical therapy for the neck and low back. Therefore, a few visits for review and reinforcement are appropriate following which the patient is expected to

independently perform a home program. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

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

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

**Physical therapy 2 x4 weeks, lumbar/cervical spine qty: 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92, Chronic Pain Treatment Guidelines Functional restoration, Physical Medicine Page(s): 7, 98-99.

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

**Decision rationale:** Physical therapy 2x4 weeks, lumbar /cervical spine qty: 8.00 is not medically necessary. Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.