

<b>Case Number:</b>	CM15-0110431		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, 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 37-year-old male who sustained an industrial injury on 04/12/2010. Mechanism of injury occurred when walking with a wheelbarrow full of bricks and he noted a sharp pain in his lower back and traveling to the right lower extremity as well as pain in his neck. Diagnoses include musculoligamentous cervical spine sprain, lumbar spine sprain, and strain of the bilateral sacroiliac joints. Treatment to date has included diagnostic studies, medications, physical therapy, and acupuncture. A physician progress note dated 04/10/2015 documents the injured worker complains of pain and stiffness in her neck with movement. He has low back pain with pain to the right lower extremity with numbness, tingling and weakness. On examination, he has cervical paravertebral muscle tightness and there are spasms with tenderness of the bilateral trapezius muscles and scapular regions. Cervical spine range of motion is restricted. His lumbar spine is tenderness present at the lumbosacral junction and bilateral flank regions. There is paravertebral muscle spasm. He is tender in the right buttock area. He has severe tenderness of the bilateral sacroiliac joints. Lumbar spine range of motion is restricted and paresthesia is noted in the distribution area of the right L4-L5 and S1 regions. There is tenderness in the direction of the right sciatic nerve down to the calf. Unofficial reports of x ray done in the office this date shows unremarkable findings of the cervical spine, and lumbar x rays show reversal of the normal curvature with tilting to the left. There is anterior wedging at the L1 vertebral body. The treatment plan includes corticosteroid injections to sacroiliac joints, updated Magnetic Resonance Imaging's of the lumbar and cervical spine, and continuation of home exercises.

Treatment requested is for physical therapy 2 times a week for 6 weeks for the lumbar and cervical spine.

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

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

**Physical therapy 2 times a week for 6 weeks for the lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

**Decision rationale:** With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the date of injury is remote and the patient has undergone 2 previous courses of PT according to a note dated 4/10/15. The CPMTG specify that further PT is contingent on documentation of functional gains from prior PT. Since the functional outcome of prior PT is not directly addressed, the additional physical therapy as originally requested is not medically necessary.