

<b>Case Number:</b>	CM15-0119893		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	06/22/2011
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 32 year old male who sustained a work related injury June 22, 2011. While lifting and sorting furniture weighing 100 pounds or more, he developed back pain. Electrodiagnostic studies, dated 2/24/2015, are consistent with a right L5 nerve root impingement. An MRI of the lumbar spine, dated 2/26/2015, revealed levoscoliosis and L4-5 2 mm posterior disc bulge. According to a primary orthopedic physician's progress report, dated April 6, 2015, the injured worker presented with complaints of frontal and occipital headaches, as well as neck, back, right buttock, bilateral shoulders, upper arms, right leg and knee pain, rated 7/10. The pain is associated with weakness in the back and numbness in the right leg with pain radiating down the right thigh and knee. He reports taking more medication than before for the pain. Diagnoses are right sciatica; lumbar spine degenerative disc disease. On May 8, 2015 the injured worker presented with complaints of back pain with numbness and weakness in the right leg. Some handwritten notes are difficult to decipher. Objective findings included forward flexion 80 degrees, extension 20 degrees, and heel and toe walk bothers the back. At issue, is the request for authorization for pain management, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3X4 weeks for cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times a week times four weeks to the cervical spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right sciatica; and lumbar spine degenerative disc disease. The date of injury is June 22, 2011. According to a progress note dated May 18, 2015 (request for authorization is June 3, 2015), the injured worker has subjective complaints of back pain. The objective physical examination is limited to forward flexion 80 and extension 20. There are no other clinical findings documented. There is no documentation of prior physical therapy, no number of physical therapy sessions, no objective functional improvement with prior physical therapy and no compelling clinical facts indicating additional physical therapy is warranted (over and above the recommended guidelines). The treating provider requested 12 physical therapy sessions (three times per week times four weeks). If the worker has not had physical therapy to date, a six visit clinical trial is clinically indicated. The clinical documentation is still incomplete based on subjective and objective complaints. There is insufficient clinical documentation in the medical record to determine whether physical therapy (12 sessions) is clinically indicated. Consequently, absent clinical documentation demonstrating objective functional improvement with prior physical therapy, total number of physical therapy sessions to date and compelling clinical facts indicating additional physical therapy is warranted, physical therapy three times a week times four weeks to the cervical spine is not medically necessary.

**Referral to pain management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examination and Consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

**Decision rationale:** Pursuant to the ACOEM, referral pain management is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and

symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are right sciatica; and lumbar spine degenerative disc disease. The date of injury is June 22, 2011. According to a progress note dated May 18, 2015 (request for authorization is June 3, 2015), the injured worker has subjective complaints of back pain. The objective physical examination is limited to forward flexion 80 and extension 20. There are no other clinical findings documented. There is no documentation of prior physical therapy, no number of physical therapy sessions, no objective functional improvement with prior physical therapy and no compelling clinical facts indicating additional physical therapy is warranted (over and above the recommended guidelines). There are insufficient subjective complaints and objective physical findings indicating a pain management referral is clinically indicated. The May 18, 2015 progress note does not contain a list of current medications. April 6, 2015 progress note states the injured worker is taking Tylenol #41 tablet every 4 to 6 hours and Naproxen 550 mg. Consequently, absent clinical documentation with a detailed drug history, opiate use, risk assessment, documentation of objective functional improvement (with Tylenol #4 and naproxen), the referral to pain management is not medically necessary.