

<b>Case Number:</b>	CM15-0121255		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Massachusetts

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 43-year-old female, who sustained an industrial injury on 4/12/13. She has reported initial complaints of neck, low back and shoulder pain after a work injury. The diagnoses have included cervical strain/sprain, lumbar strain/sprain and cervical and lumbar degenerative disc disease (DDD). Treatment to date has included medications, Transcutaneous electrical nerve stimulation (TENS), topical compounds, time off work, diagnostics, physical therapy and home exercise program (HEP). Currently, as per the physician progress note medical re-evaluation dated 3/16/15, the injured worker complains of neck pain that extends to the shoulders and pain across the low back and down the bilateral lower extremities. She also reports stiffness and numbness and tingling and poor sleep due to pain. The physical exam reveals decreased cervical range of motion, pain in the left trapezius with cervical flexion and pulling sensation. The thoracolumbar spine exam reveals tenderness to palpation, decreased lumbar range of motion, with low back pain with all motions, there is pain with straight leg raise on the left and decreased sensation in the left leg. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine dated 7/14/14 reveals small disc protrusions. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 7/14/14 reveals degenerative disc disease (DDD) and facet arthropathy with bilateral foraminal stenosis. The current medications included Tramadol and Omeprazole. The physician requested treatment included Physical Therapy, 2 times weekly for 4 weeks, for Neck & Low Back, 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 times wkly for 4 wks, for Neck & Low Back, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement Page(s): 8.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in April 2013 and continues to be treated for neck and back pain as the results of a motor vehicle accident. Treatments have included chiropractic care, physical therapy, modalities including TENS, and medications. Physical examination findings include decreased spinal range of motion with multilevel tenderness. There was decreased left lower extremity sensation with positive straight leg raising. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.