

<b>Case Number:</b>	CM15-0121412		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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

### 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 56 year old male, who sustained an industrial injury on 7/25/11. Initial complaints were neck and back pain. The injured worker was diagnosed as having cervical fusion; inter-vertebral cervical disc disorder with myelopathy; cervical region pain; sciatica. Treatment to date has included physical therapy; medications. Diagnostic study included a MRI of the lumbar spine (5/21/15). Currently, the PR-2 notes dated 4/16/15 indicated the injured worker complains of cervical, left cervical dorsal, upper thoracic, right cervical dorsal, lumbar, left sacroiliac, right sacroiliac, sacral, left buttock, right buttock, left posterior leg and right posterior leg pain. He rates his discomfort right now as 7/10 and noticeable approximately 80% of the time. The injured worker also reports insomnia. On physical examination, there is noted palpable tenderness at lumbar, bilateral sacroiliac, bilateral buttocks, bilateral posterior leg, cervical, bilateral cervical dorsal, upper thoracic, bilateral mid thoracic spine. He has noted limited movement and requires the use of a cane for balance. The provider's treatment plan included physical therapy for the lumbar spine 8 sessions as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy for the lumbar spine, 2 times a week for 4 weeks, as an outpatient:**  
 Upheld

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

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

**Decision rationale:** Based on the 06/22/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities and neck pain that radiates to shoulder and right upper extremity, rated 7-8/10. The patient is status post cervical fusion, date unspecified. The request is for 8 Physical Therapy For The Lumbar Spine, 2 Times A Week For 4 Weeks. As An Outpatient. Patient's diagnosis per Request for Authorization form dated 05/21/15 includes other cervical fusion of the posterior column. Diagnosis on 06/22/15 includes lumbar and cervical intervertebral disc disorder with myelopathy, and sciatica. Physical examination to the lumbar spine on 06/22/15 revealed decreased range of motion, especially on extension 10 degrees. Positive Straight leg raise and Braggard's tests bilaterally. Treatment to date has included imaging studies, physical therapy, acupuncture and medications. Patient's medications include Tramadol and Omeprazole. The patient is temporarily totally disabled, per 06/22/15 report. Treatment reports were provided from 02/13/15 - 06/22/15. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Per 05/21/15 report, treater states "Physical therapy 2 x 4 for cervical and lumbar spine." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Therefore, the request is not medically necessary.