

<b>Case Number:</b>	CM15-0124957		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 (IW) is a 27-year-old female who sustained an industrial injury on 01/19/2012. She reported repetitive motion injury of neck, back, legs and arms while pushing heavy supplies with resultant injury to the neck, upper back, mid back, low back, and right hip as well as her psyche. The injured worker was diagnosed as having cervical thoracic and lumbar strain/sprain with associated myofasciitis, myalgia, and myospasm, chronic pain, and major depressive disorder, moderate to severe, and anxiety disorder, not otherwise specified. Treatment to date has included Chiropractic care (which helped temporarily), Pain management, and Psychotherapy. The worker has also had transforaminal epidural steroid injections to the lumbar spine, a home exercise program, and physical therapy (which was finished in March of 2015). Currently, the injured worker complains of pain in the neck, upper back, mid back, lower back, and right hip. The pain is accompanied by radicular symptoms in the right leg and is frequent. On examination, the cervical spine has slightly decreased range of motion in extension, rotation and side bending. There is tenderness to palpation over the bilateral cervical paraspinal muscles. The bilateral shoulder exam is normal, and there is tenderness to palpation over the superior trapezius, thoracic spinous process. Examination of the lumbar spine reveals decrease in range of motion in all planes. There is no asymmetry or scoliosis. There is positive straight leg raise in seated and supine position to 45 degrees. The lumbar spine has diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Deep tendon reflexes are symmetric in the bilateral lower extremities at 2+/4, but 1+/4 in the right ankle. Testing included MRI of the neck which shows minimal foraminal narrowing C4-5, C5-6, and C6-7 without disc bulges / herniations / protrusions. MRI of thoracic spine with wedging seen at T11 and T12 rule out compression fracture-CT scan recommended and MRI of lumbar spine with 1-2 mm disc

protrusions/bulges at L5-S1 with mild foraminal narrowing and facet arthropathy at both levels. Thoracic spine CT (05/12/2014) -T9 and T10-11 right facet joint traction spurs. A request for authorization is made for the following: Physical therapy 1-2 wk x 6 weeks, cervical/shoulders/thoracic/lumbar/legs.

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

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

**Physical therapy 1-2 wk x 6 weeks, cervical/shoulders/thoracic/lumbar/legs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 98-99.

**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 December 2012, continues to be treated for a pain throughout the spine, and has right hip and reheating leg pain. Prior treatments have included chiropractic care with temporary benefit and physical therapy, which had not been helpful. When seen, complaints included right lower extremity numbness and tingling. There was decreased spinal range of motion with cervical paraspinal tenderness. There was upper trapezius and thoracic spinous process tenderness. Straight leg raising was positive on the right side. There was decreased right lower extremity sensation and a decreased right ankle reflex. Authorization for up to an additional 12 physical therapy treatments was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy but without benefit. 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 expected to determine whether therapy was likely to be any more effective than before. The request was not medically necessary.