

<b>Case Number:</b>	CM15-0126818		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 53 year-old female who sustained an industrial injury on 10/25/2011. She reported lifting a heavy item above her head, losing her grip on the object and having her hit her left ribcage, left foot, and she has a gradual onset of neck and low back pain. The injured worker was diagnosed as having cervical disc displacement without myelopathy, lumbar/lumbosacral disc degeneration, and sprain of foot. Treatment to date has included oral and topical medications, physical therapy, and epidural steroid injections of the lumbar spine. Currently, the injured worker complains of mid back pain rated a 7-9 on a scale of 1-10. She also has mid back pain rated a 7-9 on a scale of 10. Her cervical spine is painful and rated at a 7 on a scale of 1-10. Pain radiates to the bilateral shoulders and bilateral upper extremities. The cervical spine pain is numb and tingling. Her neck is stiff. In a caregiver note of 03/30/2015, the worker related she has nasopharyngeal carcinoma HPV beginning in 2013 and is currently undergoing treatment. Her cancer is stage 4 and she relates the carcinoma was wrapped around the C5 nerve. She is currently undergoing treatment for the cancer. Her lumbar spine pain radiates to the bilateral extremities and is accompanied by numbness and decreased motion. Objectively, she has straight leg raise that is positive on the right at 70 degrees and on the left at 50 degrees. The lumbar spine is tender to palpation L2-L5 and has decreased sensation. Medications include Promethazine, Amitriptyline, Levothyroxine, Norco and Lorazepam. A request for authorization is made for the following: Physical therapy 2 times per week for 3 weeks for cervical, lumbar 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 per week for 3 weeks for cervical, lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Neck and Upper Back and Low Back & Lumbar & Thoracic (Acute & Chronic).

**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 October 2011 and continues to be treated for back and radiating upper extremity pain. When seen in March 2015 she had completed 24 physical therapy treatment sessions. Treatments have also included epidural injections with reported pain relief. When seen, she was receiving chemotherapy treatments for Stage 4 nasopharyngeal cancer. She was having low back and neck pain. Physical examination findings included lumbar spine tenderness with positive straight leg raising and decreased upper and lower extremity sensation. Authorization for additional physical therapy treatments was requested. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. 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. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments and would not reflect a fading of treatment frequency. The request is not medically necessary.