

<b>Case Number:</b>	CM15-0170695		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	07/24/2008
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 was a 55 year old male, who sustained an industrial injury, July 24, 2008. According to progress note of June 24, 2015, the injured worker's chief complaint was neck, mid back and lower back pain. The pain was rated 3-4 out of 10, which had increased from the prior visit of 3 out of 10. The physical exam noted a grade I to 2 tenderness with palpation over the paraspinal muscles, which was unchanged from the prior visit. The cervical compression test was positive. The thoracic spine had a grade I to 2 tenderness with palpation over the paraspinal muscles, which and remained the same, since the last visit. The lumbar spine had a grade I to 2 tenderness with palpation over the paraspinal muscles, which remained the same, since the prior visit. There was restricted range of motion. The straight leg raises were positive bilaterally. The injured worker reported the physical therapy helped to decrease the pain and tenderness. There were function improvements and increase in activities of daily living by 10% with physical therapy. According to the progress note of July 9, 2015, the injured worker was instructed on a home exercise program. The physical therapy was focused on cervical spine and lumbar spine with a 10% improvement after 10 sessions. The injured worker was diagnosed with cervical spine musculoligamentous strain and or sprain with radiculitis, rule out discogenic disease, thoracic musculoligamentous spine strain and or sprain, lumbar spine musculoligamentous strain and or sprain with radiculitis, rule out spine discogenic disease, sleep disturbance secondary to pain and depression situational. The injured worker previously received the following treatments 10 sessions of physical therapy and random toxicology laboratory studies was negative for any findings. The RFA (request for authorization) dated June 24, 2015, the following treatment was

requested; additional physical therapy for the cervical thoracic and lumbar spine. The UR (utilization review board) denied certification on August 12, 2015, of the request for physical therapy for the cervical, thoracic and lumbar spine due to the lack of clarification and documentation the request for physical therapy was denied.

### **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, thoracic and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times four weeks to the cervical spine, thoracic and lumbar 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 committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are cervical spine musculoligamentous sprain strain with radiculitis; thoracic spine musculoligamentous sprain strain; lumbar spine musculoligamentous sprain strain with radiculitis; sleep disturbance and depression. Date of injury is July 24, 2008. Request for authorization is June 24, 2015. According to a June 24, 2015 progress note, subjective complaints include neck and upper back pain and low back pain with the pain scale of 4/10. The documentation shows the injured worker completed at least #16 physical therapy sessions. Treatment is directed at sprain/strains of the cervical, thoracic and lumbosacral spine. The documentation states an overall 10% increase in ADLs as a result of physical therapy. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically warranted. (Recommended guidelines for lumbar sprain strain are 10 visits over eight weeks). There is no documentation demonstrating objective functional improvement. Based on clinical information the medical record, peer- reviewed evidence-based guidelines and no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically warranted and no documentation demonstrating objective functional improvement, physical therapy three times per week times four weeks to the cervical spine, thoracic and lumbar spine is not medically necessary.