

<b>Case Number:</b>	CM15-0179785		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	05/07/2007
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 56 year old female who sustained an industrial injury on 05-07-2007. The injured workers' diagnoses include Cervical discopathy with MRI evidence of disc protrusions at C5-C6 and C6-C7; Positive discogram at C3-4 and C5-C6, Lumbar discopathy with MRI evidence of moderate to severe degenerative disc disease at L5-S1 with 5-6 mm retrolisthesis of L5 on S1 with 3mm bulging causing moderate central stenosis as well as mild to moderate neural foraminal stenosis, and carpal tunnel-double crush syndrome-DeQuervain's. In provider notes of 07-15-2015, the worker complains of increasing neck pain radiating to the upper extremities with numbness and tingling of her arms. The pain in the cervical spine is constant, sharp and aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The worker complains of associated migrainous headaches and tension between the shoulder blades. The pain is worsening. It is rated an 8 on a scale of 1-10. The worker also complains of frequent low back pain radiating into the lower extremities and rated a 7 on a scale of 1-10. On examination of the cervical spine, there is palpable paravertebral muscle tenderness with spasm, positive axial loading, and Spurling's maneuver is positive. Pain limits her range of motion. There was no clinical evidence of instability on exam. The lumbar spine has palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Range of motion in standing flexion and extension is guarded and restricted. There is no evidence of stability on exam. Coordination and balance are intact. There is tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot that is consistent with a L5-S1 dermatomal pattern. There is 4 out of

5 strength in the extensor hallucis longus and ankle plantar flexors, L5 and S1 innervated muscles. The treatment plan includes physical therapy. A request for authorization was submitted for Physical Therapy 2 times a week for 6 weeks for the cervical and lumbar spine. A utilization review decision 08-17-2015 non-approved the request in its entirety.

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

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

**Physical Therapy 2 times a week for 6 weeks for the cervical 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 rationale:** The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.