

<b>Case Number:</b>	CM15-0061715		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	10/07/1987
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 is a 66-year-old male, who sustained an industrial injury on 10/7/87. The injured worker was diagnosed as having musculoligamentous sprain of lumbar spine with lower extremity radiculitis, musculoligamentous sprain of cervical spine, internal derangement of right knee, disc protrusions C3-5 and C4-5, disc bulge C5-6, C6-7, L1-2, T7-8, disc osteophyte complexes C5-6 and C6-7 and disc bulge C2-3. Treatment to date has included physical therapy, oral medications, massage therapy, activity restrictions and acupuncture treatment. Currently, the injured worker complains of mild neck pain with spasms on both sides of neck, mid back pain with radiation to left side of back and lower back pain with radiation down the sciatic nerve on left. Physical exam noted tenderness over posterior superior iliac spine on left. The treatment plan included 16 further physical sessions, continuation of Cyclobenzaprine and Methacarbamol, prescription for Tramadol and home cervical over the door unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the neck and back, 2x8, QTY: 16:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 114.

**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 has a remote history of a work injury occurring in 1987 and continues to be treated for pain throughout his spine with cervical spine muscle spasms and radiating lower extremity pain. Treatments have included physical therapy. When seen, there had been no new injury. The claimant was participating in acupuncture and massage therapy. 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 well in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.