

<b>Case Number:</b>	CM15-0066148		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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

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 was a 56 year old female, who sustained an industrial injury, October 20, 2011. The injured worker received the following treatments in the past Cymbalta, S1 joint injection, physical therapy 12 visits and laboratory toxicology studies. The injured worker was diagnosed with thoracic sprain, spinal fusion, pain in the thoracic spine, muscle spasms, low back pain and degenerative disc disease lumbar, cervical radiculopathy, spondylosis cervical myelopathy chronic, sacroilitis chronic, depression, adjustment disorder, thoracic or lumbosacral radiculopathy. According to progress note of March 24, 2015, the injured workers chief complaint was back and neck pain. The symptoms were aggravated by bending and daily activities. The symptoms were relieved by heat and over the counter medications. The injured worker rated the pain at 6-8 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted maximum tenderness of the right shoulder, left shoulder, pericervical, periscapular, trapezius muscles. There was tenderness noted at the spinous, paraspinous, gluteals, piriformis, quadratus, PSIS and sciatic notch. The Sacroiliac joint was painful. The lumbar region was painful with restricted range of motion due to pain. The treatment plan included additional 12 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for the neck/back, QTY: 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Neck and Low Back Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.