

<b>Case Number:</b>	CM15-0070709		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	09/30/2007
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: 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 51 year old male, who sustained an industrial injury on 9/30/07. He reported back pain. The injured worker was diagnosed as having status post C5-7 anterior cervical discectomy and fusion, retained symptomatic hardware of cervical spine, thoracic spine discopathy, lumbar spine discopathy, Electrodiagnostic evidence of bilateral carpal tunnel syndrome and depression. Treatment to date has included cervical spine fusion, physical therapy and oral medications. Currently, the injured worker complains of constant pain in cervical spine with radiation to the upper extremities associated with headaches; pain is rated 6/10. There is also constant low back pain with radiation to lower extremities rated 8/10. Physical exam noted palpable paravertebral muscle tenderness with spasm of cervical spine and palpable paravertebral muscle tenderness with spasm of lumbar spine. The treatment plan included physical therapy, home exercise program and pain management.

### 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 (Cervical): Upheld**

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

**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 September 2007 and continues to be treated for chronic radiating neck and low back pain. Treatments have included a cervical spine fusion, medications, and prior physical therapy. When seen, there was cervical and paraspinal muscle spasm with tenderness. 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 in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Providing the number of additional skilled physical therapy services being requested would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.

**Physical Therapy 2 Times A Week for 6 Weeks (Lumbar): Upheld**

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

**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 September 2007 and continues to be treated for chronic radiating neck and low back pain. Treatments have included a cervical spine fusion, medications, and prior physical therapy. When seen, there was cervical and paraspinal muscle spasm with tenderness. 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 in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Providing the number of additional skilled physical therapy services being requested would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments.