

<b>Case Number:</b>	CM15-0074921		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	09/21/2009
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 is a 51 year old female, who sustained an industrial injury on September 21, 2009. The injured worker was diagnosed as having status post cervical fusion 5 levels on June 2014, low back sprain/strain rule out herniated nucleus pulposus (HNP), bilateral leg radiculitis with extensor hallucis longus weakness, status post motor vehicle accident on October 24, 2014. Treatment to date has included physical therapy, MRI, cervical spine fusion, and medication. Currently, the injured worker complains of cervical spine and lumbar spine pain, with persistent pain in the neck and lower back. The Primary Treating Physician's report dated October 29, 2014, noted the injured worker wearing a neck collar, reporting she was in a car accident on October 24, 2014, exacerbating the symptoms with worse pain and decreased range of motion (ROM). Physical examination was noted to show positive hypertonicity at the left cervical spine trapezius muscles. The lumbar spine was noted to show decreased sensation 4/5 at L4-L5 bilaterally. The treatment plan was noted to include pending authorization for additional physical therapy to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 x 6 weeks for Cervical and Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week for six weeks of the cervical 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 therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are that both cervical fusion 5 levels on June 2014; low back sprain/strain; and bilateral leg radiculitis with extensor hallucis longus weakness. The request for authorization is dated April 8, 2015. The most recent progress in the medical record is dated five months earlier on November 10, 2014. There are no contemporaneous progress notes in the medical record on or about April 8, 2015. In November 2014, the injured worker was already engaged in a physical therapy program and the treatment plan was to request additional physical therapy. The injured worker complained of neck pain 8/10. The injured worker complains of low back pain 9/10. The injured worker takes Norco that reduces the pain from a 9/10 down to 3/10. Objectively, the documentation states on examination of the lumbar spine and was decreased sensation 4/5 at L4-L5 bilaterally but normal 5/5 and S1 and normal straight bilaterally. The total number of physical therapy sessions is not stated in the utilization review for the medical record. The physical therapy progress notes are illegible. There is no documentation evidencing objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation with objective functional improvement (of prior physical therapy) and compelling clinical facts indicating additional physical therapy is warranted, physical therapy two times per week than six weeks of the cervical and lumbar spine is not medically necessary.