

<b>Case Number:</b>	CM15-0090312		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/11/2004
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 is a 55 year old female who sustained an industrial injury on 08/11/2004. Current diagnoses include chronic pain syndrome, postlaminectomy syndrome-cervical, radiculitis-cervical, cervicalgia, spondylosis-cervical, postlaminectomy syndrome-lumbar, radiculitis-lumbar, displacement intervertebral disc-cervical, degeneration intervertebral disc-lumbar, lumbago, carpal tunnel syndrome, pain in soft tissues limb, and lesions of ulnar nerve. Previous treatments included medication management, lumbar surgery, injections, and psychological evaluation. Previous diagnostic studies include an MRI of the cervical spine and lumbar spine dated 12/12/2014. Report dated 12/11/2014 noted that the injured worker presented with complaints that included low back pain with burning and tingling, continued neck, shoulder, and upper extremity pain, and headaches. Pain level was not included. Physical examination was positive for abnormalities. The treatment plan included providing refills of medications, request for physical therapy/aqua therapy for the low back and neck pain, request for repeat bilateral transforaminal epidural injections, trigger point injections, and bilateral occipital nerve block, recommendation for a pain psychology evaluation and treatment, and follow up in 6-8 weeks. Disputed treatments include physical therapy to the cervical (frequency and duration not given).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to cervical (frequency and duration not given): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back.

**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), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course 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 documentation of completion of prior PT sessions 2-3 times a week for 4-6 weeks, but there is no documentation of specific objective functional improvement with the 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 of an unknown number of PT may exceed what is recommended by the CA MTUS. In light of the above issues, the currently requested additional physical therapy is not medically necessary.