

<b>Case Number:</b>	CM15-0092407		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 42 year old male, who sustained an industrial injury on 1/25/2013. He reported twisting his back while restraining a minor. Diagnoses include cervical strain/sprain with radiculopathy and spondylosis, lumbar strain/sprain with left sided radiculopathy, contusion of the left epicondylitis with post-traumatic cubital tunnel syndrome. He had a history of stomach pain and gastritis secondary to anti-inflammatory use. Treatments to date include modified activity, home exercises, yoga, and transdermal topical cream. Currently, he complained of neck pain with left upper extremity symptoms with numbness down to the left thumb. He also complained of low back pain with radiation into the left lower extremity. On 4/6/15, the physical examination documented no change in physical findings from previous evaluations. The injured worker was previously evaluated on 2/23/15, and documented to have had a slight limp, tenderness in cervical and lumbar spines with positive right side straight leg raise test. The plan of care included physical therapy two times a week for six weeks with traction and inversion to treat the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for six (6) weeks for the cervical spine with inversion and traction (12 sessions): Upheld**

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

**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 section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times six weeks to the cervical spine with inversion and traction 12 sessions 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 lumbar radiculopathy; and cervical radiculitis. Subjectively, according to the April 6, 2015 progress note, the left thumb is numb/neck pain/left upper extremity pain/low back pain down LLE; will see [REDACTED]. Objectively, the documentation states "no change". The treatment plan contains a request for physical therapy two times per week times six weeks to the cervical spine with inversion and traction 12 sessions. There is no clinical indication or rationale in the medical record for an additional 12 sessions of physical therapy. The injured worker should be well versed in the exercises performed during physical therapy (based on prior physical therapy) to engage in a home exercise program. There are no compelling clinical facts documented in the medical record indicating additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation indicating additional physical therapy is warranted and no clinical indication or rationale for additional physical therapy (in the April 6, 2015 progress note), physical therapy two times per week times six weeks to the cervical spine with inversion and traction 12 sessions is not medically necessary.