

<b>Case Number:</b>	CM15-0095427		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 46 year old male who sustained an industrial injury on 12/18/2014 resulting in dizziness and severe pain in the neck, mid back and low back. The Injured worker was diagnosed with cervical strain/sprain, thoracic strain/sprain, and lumbar strain/sprain. Treatment provided to date has included: physical therapy (9 sessions); chiropractic manipulation (unknown number of treatments); and medications. Diagnostic tests performed include: MRI of the cervical spine (02/19/2015) which showed moderate disc height loss with a 4mm central to right paracentral disc extrusion extending superiorly and inferiorly beyond the endplates for a total cranial caudal length of 11mm, mild spinal canal narrowing with mild indentation of thecal sac, and mild bilateral neural foraminal stenosis; and cervical, thoracic and lumbar x-rays (12/18/2014) showing straightening of the cervical spine possibly due to muscle spasms, hypertrophic lipping in the thoracic spine, and early hypertrophic lipping in the lumbar spine. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 03/18/2015, physician progress report noted complaints of neck and low back pain. Pain is rated as 8 (1-10) and described as severe and radiates to right upper and right lower extremities. Additional complaints include difficulties in having sex. The physical exam revealed diffuse tenderness over the cervical spine, 10% limitation in range of motion of the neck, diffuse numbness to both arms, tenderness over the lumbar spine and paraspinal musculature, mild spasms, painful range of motion in the lumbar spine, and positive straight leg raises on the right. The provider noted diagnoses of cervical radiculopathy and lumbar radiculopathy. The injured worker's work status was noted as working with modified/restricted duties. Plan of care

includes a pain management consultation, chiropractic manipulation, MRI of the lumbar spine, Tylenol 50mg as needed for pain, and follow-up in 6 weeks. A progress note (dated 02/04/2015) noted that 12 visits of chiropractic therapy was being requested because the injured had not had any improvement from physical therapy. Requested treatments include: 12 sessions of physical therapy for the cervical and lumbar spines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for the cervical spine and lumbar spine 3 times a week for 4 weeks, quantity: 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The request is in

excess of these recommendations per the California MTUS. There is no explanation why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.