

<b>Case Number:</b>	CM15-0098011		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 35-year-old male who sustained an industrial injury on 6/30/14 when a large branch fell on top of him resulting in facial injuries. Currently he is experiencing blurry vision in the left eye; constant cervical and thoracic spine pain with tingling down the left hand and 4th and 5th digits and pain level of 3-7/10; posterior headaches; constant lumbar spine pain with radiation down the posterior thigh with pain level 4-6/10. On physical of the cervical and lumbar spine, there was pain with forward flexion and backward extension of the neck and lower back respectively. Activities of daily living have improved since starting physical therapy (2/5/15). Medication is Advil. Diagnoses include refraction disorder; blepharitis; musculoskeletal injury of the cervical and lumbar spine; disc bulging in the cervical and lumbar spine; cervical and lumbar radiculopathy; status post blunt head injury. Treatments to date include home exercise program for cervical and lumbar spine, which were not successful; 8 sessions of physical therapy, which helped improve symptoms; back brace; medications; transcutaneous electrical nerve stimulator unit; activity modification; chiropractic care. Diagnostics include MRI of the lumbar spine (4/1/15) showing mild disc desiccation of L5-S1 with disc bulge and mild facet arthrosis causing moderate central canal and neural foraminal stenosis bilaterally; electromyography/ nerve conduction studies for bilateral upper extremities (4/9/15). In the progress note dated 4/15/15 the treating provider's plan of care requests 8 more sessions of physical therapy for the neck and low back as the injured worker had relief of symptoms with previous physical therapy sessions and has failed some of the conservative measures tried.

## **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 4 weeks to the cervical and lumbar spine:** Upheld

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

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

**Decision rationale:** In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. Therefore, additional physical therapy is not medically necessary.