

<b>Case Number:</b>	CM13-0017578		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	02/19/2013
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 66-year-old female with date of injury of 02/19/2013. The listed diagnoses per [REDACTED] dated 07/25/2013 are: (1) Multilevel disk protrusion with mild neuroforaminal stenosis on the right L5-S1 and on the left at L2-L3 with lateral recess stenosis bilaterally at L4-L5, (2) cervical and lumbar strain superimposed on preexisting degenerative disk disease with mild foraminal stenosis of the lumbar spine. According to progress report dated 07/25/2013 by [REDACTED], the patient complains of neck and back pain. She reports lower lumbar pain with occasional left anterior thigh radiation. Thigh symptoms are very sporadic and last only several seconds. She reports slight right-sided paracervical muscle discomfort aggravated with cervical rotation and lateral bend. No radicular symptoms are noted in the cervical region. Physical examination shows there is slight tenderness Final Determination Letter for [REDACTED] [REDACTED] in the right paraspinal musculature and right upper trapezius. Slight pain is reported with extremes of cervical rotation to the right hand with lateral bend to the right. Exam of the lumbar region reveals generalized lower lumbar tenderness on firm percussion at the lumbosacral level. Straight leg lifting tests are negative to 90 degrees. Deep tendon reflexes are equal and brisk at the Achilles and patellar levels. MRI dated 05/31/2013 reveals multilevel disk protrusion with mild neuroforaminal stenosis on the right L5-S1 and on the left at L2-L3 with lateral recess stenosis bilaterally at L4-L5. Cervical and lumbar strain superimposed on preexisting degenerative disk disease with mild foraminal stenosis of the lumbar spine. The treater is requesting 18 additional physical therapies for the cervical to include isometric as well as abdominal and gluteal strengthening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 2-3 X 4-6 WEEKS CERVICAL TO INCLUDE ISOMETRIC AS WELL AS ABDOMINAL AND GLUTEAL STRENGTHENING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with chronic back and neck pain. The treater is requesting 18 physical therapy visits for the cervical spine to include isometric as well as abdominal and gluteal strengthening. Utilization review dated 08/15/2013 denied the request stating that the patient already received 18 sessions of physical therapy as treatment for the cervical strain/lumbosacral strain injury. The provider's progress report dated 07/25/2013 documents essentially unremarkable clinical exam with the claimant returning to unrestricted work. After review of reports provided, I was able to see 7 sessions of recent therapy visitation. MTUS Guidelines page 98, 99 for physical medicine recommends 8 to 10 visits for myalgia- and neuralgia-type symptoms. In this case, the request for 18 additional physical therapy visits exceed what is allowed for this patient's condition. Therefore, recommendation is for denial.