

<b>Case Number:</b>	CM13-0037465		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/23/2007
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Surgery, 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 Physician 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:

This is a 70-year-old female who injured both her neck and low back on February 23, 2007. The records provided for review documented at an orthopedic assessment on November 18, 2013, ongoing complaints of low back pain, axial in nature with no lower extremity complaints as well as neck pain. Physical examination showed range of motion diminished secondary to pain in the lumbar spine with normal motor strength to the lower extremities. Radiographs reviewed on that date showed degenerative disc disease at the L4-5 and L5-S1 levels. A formal diagnosis was not given, and recommendations were made for physical therapy of 12 sessions of both the neck and the low back. An assessment from June 28, 2013 gave the claimant a working diagnosis of cervical degenerative disc disease, lumbar degenerative disc disease, and chronic sprain. It was noted that the claimant had utilized physical therapy "for many years" and also continued to utilize medications of Norco, Ultram, and Naprosyn for pain control. No further imaging was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 3 TIMES 4 FOR THE CERVICAL AND LUMBAR SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Physical Therapy Page(s): 474.

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

**Decision rationale:** Based on the MTUS Chronic Pain Medical Treatment Guidelines, 12 sessions of physical therapy for the cervical and lumbar spine would not be indicated. The clinical records for review indicate a chronic course of care for the employee's neck and low back with no documentation of a change on clinical findings or physical examination. It would be unclear at this stage in the chronic course of care with a diagnosis of degenerative disc disease why formal physical therapy would be indicated and why transition to an aggressive home exercise program would be unable to occur. The absence of documentation of acute findings to support a change in the employee's condition would fail to necessitate the request for therapy for both the neck and low back.