

<b>Case Number:</b>	CM13-0046322		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/26/2010
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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:

The patient reported a work related injury on 11/26/2010, as a result of a fall. The patient presents for treatment of the following diagnoses: thoracic spondylosis without myelopathy, degeneration of cervical intervertebral disc, pain in joint involving shoulder region, chronic pain syndrome, and myositis. The clinical note dated 12/17/2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient utilizes Anaprox, Ultracet, Prilosec, Cymbalta, and Zanaflex for her pain complaints. The provider documented, upon physical exam of the patient's lumbar spine, a palpation of the spine demonstrates maximum tenderness along the midline lower lumbar spine and thoracic spine. The patient ambulates without an assistive device. The provider documented decreased cervical spine range of motion. The provider recommended continuation of the patient's medication regimen, as well as authorization for physical therapy for the cervical spine and upper extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy treatment of the spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The patient is status post a work related injury of over 3 years' time, with continued pain complaints about the cervical and lumbar spine. The provider is requesting additional physical therapy interventions for the patient; however, documentation of duration, frequency, and efficacy of prior supervised therapeutic interventions were not evidenced in the clinical notes reviewed. At this point in the patient's treatment, an independent home exercise program would be indicated, as California MTUS states to allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. Given the above, the request for physical therapy treatment of the spine is not medically necessary or appropriate.