

<b>Case Number:</b>	CM13-0051686		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Family Practice and is licensed to practice in Texas. 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 34-year-old female who reported an injury on 11/16/2012. The injury reportedly occurred when the patient slipped while trying to hook a trailer to a truck. The patient is diagnosed with cervical spine disc protrusion and lumbar spine disc protrusion. Her symptoms are noted to include neck pain, headache, and low back pain with radiation to her legs. The physical exam findings within her most recent clinical note on 11/20/2013 indicated that she had a positive Spurling's test, negative straight leg raise test, and evidence of depression and anxiety. Her treatment plan noted that she was to hold all therapy until she has a bone scan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSIOTHERAPY TWO (2) DAYS FOR SIX (6) WEEKS: Upheld**

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

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

**Decision rationale:** The Chronic Pain Guidelines indicate that physical therapy may be recommended in the treatment of unspecified neuralgia, neuritis, or radiculitis at eight to ten (8 to 10) visits over four (4) weeks. The clinical information submitted for review indicates that the

patient has the diagnoses of cervical and lumbar spine disc protrusions as well as neck pain, low back pain, and radiation to her lower extremities. However, the most recent physical examination provided failed to show any evidence of measurable objective functional deficits to warrant physical therapy treatment. In addition, the most recent treatment plan was noted to include holding all therapy. For the reasons noted above, the request for physiotherapy two (2) days for six (6) weeks is not supported. As such, the request is non-certified.