

<b>Case Number:</b>	CM13-0051772		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/08/1996
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/06/2013
<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 is a 68-year-old female who reported an injury on 06/08/1996. The review of the medical records reveals the patient's diagnoses include low back pain, neck pain, elbow pain, status post lumbar spine fusion at L3-S1 in 2011, status post lumbar spine surgery x4 in 2011, and status post C-spine surgery at C4-7 in 2009. The x-ray of the cervical spine performed on 12/26/2013 revealed there is some loosening noted to C3 and it requires further evaluation. The most recent clinical note dated 12/26/2013 revealed the following objective findings upon examination: there was noted tenderness to palpation of the cervical spine at C4, C5, and C6. There were noted C-spine paraspinal spasms, trigger points noted at the bilateral trapezius, deep tendon reflexes were normal to the right and left, painful range of motion noted 25% reduced, and flexion was moderately restricted. The examination of the lumbar spine revealed tenderness to palpation of the lumbar spine to L2, L3, L4, and L5, paraspinal spasms were noted on the right side, trigger points noted at L3, L4, and L5, range of motion reduced at 25% and sensory and motor exam are normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to the cervical and lumbar spine Qty: 12: 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 Page(s): 98-99.

**Decision rationale:** Per California MTUS Guidelines, it is stated that continued physical therapy can be approved with documented objective evidence of derived functional benefit from the previously attended physical therapy. There is no objective clinical documentation provided in the medical record of the patient having any functional improvement with previously attended physical therapy. It was also noted that the request is for 12 physical therapy sessions and per California MTUS Guidelines, it is stated for the patient's diagnoses, the requested number of physical therapy sessions would be 9 to 10 visits. As the request of physical therapy for 12 sessions exceeds that which is recommended by California MTUS, Physical Medicine Guidelines, the request is non-certified.