

<b>Case Number:</b>	CM13-0053241		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 36-year-old female who was involved in a work injury on August 7, 2013. The injury is described as accumulative trauma injury to her neck and lower back. The patient has frequent complaints of moderate to severe neck pain radiating to the shoulders, arms, and hands; and constant severe back pain. The patient was diagnosed with cervical spine strain, cervical radiculopathy and lumbar spine strain. At issue is whether physical therapy treatment at 3 times a week for 4 weeks is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy (3x4) cervical/lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59, 60.

**Decision rationale:** Physical therapy sessions for 3 visits a week for 4 weeks exceed guidelines recommended criteria for treatment of chronic neck and back pain. Guidelines referenced above indicate that physiotherapy is appropriate but that the session should be limited to the initial sessions during the first week, followed by a home exercise program. 3 visits a week for 4

weeks of physiotherapy is not medically necessary for the treatment of this patient with chronic neck and back pain. This course of physiotherapy exceeds guidelines recommendations.