

<b>Case Number:</b>	CM13-0064503		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 39 year old female with a 10/1/13 date of injury. At the time of request for authorization for additional physical therapy 2x3 lumbar/cervical starting date of 11/11/13, there is documentation of subjective (pain and stiffness over the neck and lower back with radicular symptoms to the upper extremities and left leg) and objective (positive Spurling's test, tenderness over the paracervical, trapezius and periscapular muscles, pain with cervical range of motion, positive straight leg raise, and decreased lumbar range of motion) findings, current diagnoses (cervical sprain/strain and lumbar sprain/strain). There is documentation of 12 physical therapy sessions, which exceeds guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2x3 lumbar/cervical starting date of 11/11/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Restoration of Function Chapter Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Neck & Upper Back Chapter, Physical therapy

(PT), American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)

**Decision rationale:** MTUS reference to ACOEM identifies the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, as criteria necessary to support the medical necessity of additional physical therapy. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical and lumbar spine sprain/strain not to exceed 10 sessions over 8 weeks, and documentation of exceptional factors when treatment duration and/or number of visits exceeds the guidelines. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain and lumbar sprain/strain. In addition, there is documentation of 12 physical therapy sessions completed to date, which exceeds guidelines, objective improvement with previous treatment, functional deficits, and functional goals. In addition, there is no documentation of a statement identifying why an independent home exercise program would be insufficient to address any remaining functional deficits. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy 2x3 lumbar/cervical starting date of 11/11/13 is not medically necessary.