

<b>Case Number:</b>	CM13-0072501		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	05/07/2010
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Physical Medicine & Rehabilitation 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 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 48-year-old male with a 5/7/10 date of injury working as a truck driver who pulled on a strap, which subsequently broke causing him to fall on his left side. He has a diagnosis of HNP of the lumbar and cervical spine. The patient had physical therapy for the cervical spine in 2010. The patient was recently seen on 11/15/13 for evaluation of back pain. Exam findings revealed decreased range of motion of the lower back. There was no exam of the neck on this visit. Prior exams have noted tenderness to palpation in the cervical spine paraspinal musculature. An MRI of the C spine demonstrated small disc bulges at C4/5 and C5/6 with no evidence of canal or foraminal stenosis. Utilization review decision on 12/6/13 denied the request for physical therapy, two to three weeks for six weeks to the cervical spine, given there were no current subjective or objective findings that warranted physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TWO -THREE TIMES WEEKLY FOR 6 WEEKS, FOR CERVICAL SPINE (18 VISITS): 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 California MTUS Chronic Pain Medical Treatment Guidelines stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The patient had physical therapy to the cervical spine in 2010, but it is unknown as to how many sessions or how beneficial this therapy was. In addition, there are no recent subjective complaints or exam findings of the cervical spine, and MRI findings reveal no evidence of foraminal stenosis. The rationale for 18 sessions of physical therapy to the cervical spine is unclear. Therefore, the request for physical therapy two to three times a week for six weeks to the cervical spine, is not medically necessary and appropriate.