

<b>Case Number:</b>	CM14-0101773		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	07/20/2006
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management 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 72-year-old male with an injury date of 07/20/2006. Based on the 05/06/2014 progress report, the patient complains of neck pain which he rates as a 7/10 and lower back pain which he rates as a 7/10 as well. The patient reports of radicular pain, numbness, and tingling along the right upper extremity. The patient has ongoing pain from the supine to upright position. Range of motion is limited by pain in all directions and there is evidence of spasm upon flexion of the cervical spine. Spurling's test, foraminal compression test, and the shoulder depression test are all positive bilaterally. In regards to the lumbar spine, palpation elicits tenderness and spasm over the paralumbar muscles bilaterally. Pain is noted upon all ranges. The patient's diagnoses include the following: 1.Cervical spine disk protrusion. 2.Bilateral upper extremity radiculitis. 3.Lumbar spine disk protrusion. 4.Bilateral lower extremity radiculitis. 5.Status post left knee partial lateral meniscectomy, 2009. The utilization review determination being challenged is dated 06/15/2014. The rationale is that the patient's chiropractic treatments should be assessed prior to considering physical therapy. Four treatment reports were provided from 01/14/2014, 03/25/2014, 05/06/2014, and 06/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for four weeks for the cervical and lumbar spine:**

Overtuned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

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

**Decision rationale:** Based on the 05/06/2014 progress report, the patient complains of having neck pain and lower back pain. The request is for physical therapy 2 times a week for 4 weeks for the cervical and lumbar spine. There is no discussion provided in regards to if the patient has previously had any sessions of physical therapy. MTUS Guidelines recommends 9 to 10 visits over 8 weeks for myalgia and myositis and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the provider is requesting for a total of 8 sessions of physical therapy which is within MTUS Guidelines. Recommendation is medically necessary.