

<b>Case Number:</b>	CM14-0010677		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Chiropractic, 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:

According to the available medical records, this is a 58 years old male patient with chronic neck and back pain, date of injury 11/05/2012. Previous treatments include medications, lumbar support, acupuncture, physical therapy and chiropractic. Progress report dated 12/18/2013 by the treating doctor revealed severe low back pain which radiates into his legs, left greater than right, pain radiates into his left posterior thigh and calf, associated with numbness and cramping. The patient also reports constant severe neck pain, pain radiates into his trapezii and shoulders and down both arms, left greater than right, numbness in the ring and small finger of the left hand. Cervical ROM is markedly restricted in all planes with pain at the limits of his range, decreased light touch in the left ulnar. Lumbar ROM is moderately restricted in all planes and painful. Patient is back to work with modified duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2XWK X 6WKS FOR THE CERVICAL AND LUMBAR SPINE:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 288-289.

**Decision rationale:** According to the available medical records, the employee has had physical therapy treatment during the early stages of the injury which is appropriate with the guidelines recommendations. However, the employee's symptoms continue to persist and progress despite all conservative treatment thus far. Given the chronicity of the symptom and history of medical management, this employee would most likely benefit from 1-2 visits for education, counseling, and evaluation of home exercise for range of motion and strengthening based on ACOEM guidelines recommendation. Therefore, the request for physical therapy 2x6 for the cervical and lumbar spine is not medically necessary.