

<b>Case Number:</b>	CM14-0012369		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2014

### 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 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 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:

This is a 53-year-old male patient with 6/6/13 date of injury. He injured himself when he tripped and fell while walking. The wooden block struck directly in his lumbosacral area on the right. An 11/19/13 progress report indicated that the patient complained of persistent pain in his neck that was aggravated with his usual activities. Physical exam of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. There was painful and restricted cervical range of motion, and dysesthesia at the C6-7 dermatomes. Lumbar spine physical exam demonstrated tenderness from the mid to distal lumbar segments, and pain with terminal motion. CT dated on 6/6/13 revealed fracture of the right transverse processes of the L1, L2 L, L3 and L4. X-ray dated on 6/6/13 showed degenerative spondylosis with bilateral foraminal stenosis at L4-L5 and L5-S1. MRI dated 6/7/13 demonstrated small vertebral hemangiomas of T11, L2, L4, and L5. He was diagnosed with Cervical/Lumbar Discopathy and Cervicalgia. Treatment to date: medication management and physical therapy. There is documentation of a previous 12/27/13 adverse determination, because the number of PT(physical therapy) sessions previously completed was not documented. The efficacy of the prior PT was also not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY FOR THE LUMBAR/THORACIC SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK/UPPER BACK AND LOW BACK TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

**Decision rationale:** CA MTUS 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. The patient has completed 8 physical therapy sessions. However, there was no documentation of physical therapy notes. In addition, there was no documentation of objective significant functional gains or pain relief. In addition, it was not clear how many additional sessions were going to be added. Further information would be necessary to substantiate this request. Therefore, the request for physical therapy for the lumbar/thoracic spine was not medically necessary.