

<b>Case Number:</b>	CM14-0012502		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	12/10/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/07/2014
<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 Physical Medicine and 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:

This is a 42-year-old male with a 12/10/11 date of injury. He was working as a clothes presser and washer when he was picking up a wet mattress and it slipped, and he bent forward to try and grab it and hit his head on a nearby machine. On 11/27/13, the patient presented with neck pain and backache. His pain has remained unchanged. He has completed 11/12 physical therapy sessions. He feels that his standing and walking tolerance has increased with therapy. His standing/walking tolerance has increased to 6 hours versus only 3, and further sessions would focus on core strengthening to improve range of motion (ROM), function, and progress to his long term goal of lifting objects without much difficulty and pain. The objective exam is cervical and lumbar spine has tenderness to palpation, with restricted range-of-motion. On 1/22/14, it was noted that the patient has completed 15 sessions of physical therapy, and does not feel that it helped significantly with his pain, and may have helped a little bit with his ROM, but nothing significant. The diagnostic impression was lumbar radiculopathy, lumbar facet syndrome, and low back pain. The treatment to date: activity modification, physical therapy, medication management, chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDITIONAL PHYSICAL THERAPY FOR THE LUMBAR SPINE AND CERVICAL SPINE (3 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Head and Neck Chapter: Physical Therapy Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM Pain, Suffering, and the Restoration of Function Chapter 6 pg 114.

**Decision rationale:** The 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. The Physical Medicine Guidelines allow for fading of treatment frequency. The ODG Low Back Chapter supports 10-12 sessions of physical therapy for sciatica and radiculitis, and the ODG neck chapter supports 10-12 sessions of physical therapy for cervical degenerative disc disease initially. However, this patient has already had 15 sessions of physical therapy recently. In addition, he has had prior physical therapy in the past with his 2011 date of injury. In the most recent progress note, the patient states the physical therapy helped a little bit with range-of-motion, but not with pain control. This patient has already exceeded guideline recommendations in regards to physical therapy, and it is unclear what an additional 3 sessions would add to this current care. It is unclear why he is not compliant with a home exercise program. Therefore, the request for additional physical therapy for the lumbar spine and cervical spine (3 sessions) was not medically necessary.