

<b>Case Number:</b>	CM14-0014558		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/09/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 41-year-old male with a 12/9/12 date of injury. The exact mechanism of injury has not been described. On 1/7/14, the patient complained of intermittent to frequent neck and low back pain, as well as numbness and tingling. The pain is currently 5/10, and the patient has a flare-up of the back pain and increased weakness. Objective exam: decreased ROM of the cervical and lumbar spine. There is muscle spasm of the paravertebral muscles. Diagnostic Impression: Lumbar Facet Hypertrophy, Lumbar stenosis and Radiculopathy, Cervical Radiculopathy, Insomnia with Sleep Apnea. Treatment to date: activity modification, medication management, lumbar ESI x 2, lumbar facet joint blocks, aquatic therapy, acupuncture, chiropractic care. A UR decision dated 1/17/14 denied the request for physical therapy. The rationale for the denial was not provided for review.

### 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 (EIGHT 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 American College of

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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. However, it is unclear what area of the body the physical therapy is being requested for. This patient has a 2012 date of injury, and has had extensive conservative management including chiropractic care, physical therapy, and acupuncture. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. It is unclear how many sessions he has had previously. In addition, it is unclear why the patient is not participating in an independent home exercise program. Therefore, the request for Physical Therapy Two Times a Week for Four Weeks (Eight Sessions) was not medically necessary.