

<b>Case Number:</b>	CM14-0019115		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 57-year-old with a date of injury of July 26, 2013. Mechanism of injury was a fall from a ladder by about 5-7 feet. The patient was referred to orthopedics due to persistent pain with no improvement with PT (physical therapy). The patient has had extensive treatment for cervical strain with cervical DDD (degenerative disc disease), lumbar DDD with radioclitis, and right shoulder injury. Lumbar MRI shows DDD and moderate NF stenosis. As of the January 14, 2014 report, the patient had completed 24 sessions of PT, but continues to have neck pain and increasing low back pain. There are some reports that suggest that the flare-ups have also been caused by PT sessions. This was submitted to Utilization Review with an adverse determination rendered on January 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy for the neck and back, three times per week for four weeks:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132; Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical medicine treatment; Neck & Upper Back, Physical therapy (PT).

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend eight to twelve sessions of physical therapy (PT) for this type of low back diagnosis. The Chronic Pain Medical Treatment Guidelines recommend nine to ten sessions of PT for myalgia, and the Low Back Complaints Chapter of the ACOEM Practice Guidelines recommends eight to twelve sessions of PT, and ODG recommends nine to twelve sessions of PT. Guidelines have similar durations for the cervical spine issues as well. At this juncture, the patient has had 24 sessions of PT and extension beyond this would be well beyond guideline recommendations. PT is noted in several of the notes to not be helpful, and possibly even causing flare of symptoms with treatment. There are no clinical details that support ongoing extension beyond guideline recommendations versus doing a HEP (home exercise program) at this juncture. The request for continued physical therapy for the neck and back, three times per week for four weeks, is not medically necessary or appropriate.