

<b>Case Number:</b>	CM14-0112753		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/09/2007
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/19/2014

### 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:

The injured worker is a 52-year-old male who reported an injury on 02/09/2007 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the cervical spine that ultimately resulted in a multilevel fusion in 07/2013. The injured worker was evaluated on 07/18/2014. It was documented that the injured worker was attending a course of physical therapy with reported benefit. It was noted that the injured worker had continued complaints of pain and stiffness with persistent and increasing stiffness of the lumbar spine and cervical spine. Physical findings included restricted range of motion of the cervical spine with tenderness to palpation of the paraspinal musculature with associated spasming. It was noted that the injured worker also had restricted lumbar range of motion with a positive straight leg raising test bilaterally and a positive sciatic strain test. The injured worker had 5-/5 motor strength of the lower extremities with a positive Hoffmann's sign bilaterally. The injured worker's diagnoses included status post anterior and posterior cervical discectomy and fusion at the C2-6, bilateral upper extremity radiculopathy, L4-S1 bilateral disc herniations, and bilateral lower extremity radiculopathy. The injured worker's treatment plan included additional physical therapy and a CT scan and a prescription of Soma. No Request for Authorization form was submitted to support this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The requested Physical Therapy x 12 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends injured workers participate in 8 to 10 visits of physical therapy for myofascial, radicular, and neuropathic pain. The clinical documentation does not clearly address the number of visits that the injured worker has already participated in. However, the treating provider indicates that the request is for additional physical therapy to transition the injured worker into a home exercise program. California Medical Treatment Utilization Schedule does recommend the use of home exercise programs to maintain improvement levels attained during skilled physical therapy. However, an additional 12 sessions would be considered excessive. Although a short course of treatment would be indicated in this clinical situation, the need for 12 additional physical therapy sessions is not clearly supported. Furthermore, the request as it is submitted does not clearly identify an applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Physical Therapy x 12 is not medically necessary or appropriate.