

<b>Case Number:</b>	CM14-0129103		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	01/16/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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, has a subspecialty in Pain 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:

The patient is a 56-year-old female with a 1/16/13 date of injury, from a slip and fall injury. Diagnosis includes Cervical strain with degenerative disc disease, mild at C3-4, with right facet arthropathy and mild C5-6 discopathy; lumbar sprain with aggravation of degenerative disc disease, L5-S1. The 1/15/13 PT note described initiation of PT 3 times a week for 2 weeks for the cervical and lumbar spine. The 4/28/14 progress note described complaints of neck, low back, and left shoulder pain. Imaging of the cervical spine was referenced. PT for the shoulder and facet injections for the cervical spine was requested. The 7/22/14 progress note described ongoing cervical spine, lumbar spine, and upper extremity pain. There was tenderness to palpation and reduced range of motion in the cervical and lumbar spine. Lumbar X-rays revealed severe loss of disc height at L5-S1 with decreased lumbar lordosis. Treatment to date has include PT, activity modification, TENS unit, ESI, acupuncture, psychological treatment, cervical MBB, and medication. Current medications include Flexeril, Tramadol, Cymbalta, and Elavil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x 4 to other body parts (cervical and lumbar):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** Medical necessity for additional PT for the cervical spine and lumbar spine is not established. The patient has a 2013 date of injury, and underwent prior PT. CA MTUS requires documentation of functional improvement from rendered treatment, before additional treatment is warranted. There is no discussion regarding extent and duration of prior treatment. It is unclear when the last course of PT was rendered and what if any functional improvement was demonstrated. The request is not substantiated for additional PT.