

<b>Case Number:</b>	CM14-0020381		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Occupational 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:

This is a 53 year-old female who has reported neck and back pain after an injury on 5/8/13. The diagnoses include neck strain and lumbar neuritis/sciatica. During the first few months after the injury, care was provided at an occupational medicine clinic. 12 visits of physical therapy were completed by July 2013. No specific benefit was documented and work status remained modified. The physician reports show no improvement. The injured worker began seeing a different primary treating physician as of 9/26/13. That physician noted ongoing pain, did not discuss the specific results of prior physical therapy, and prescribed medications, passive modalities, and modified work. The reports through 1/16/14 do not have any specific discussion of physical therapy. On 1/16/14 the treatment plan has a reference to physical therapy as "3/1/4 C/S". On 1/22/14, Utilization Review certified four of twelve Physical Therapy (PT) sessions requested, noting that 12 visits of physical therapy were completed as of July 2013, the MTUS recommendations, and the possible need for additional physical therapy in light of the ongoing symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY TREATMENT TO THE CERVICAL AND LUMBAR SPINE FOR 12 SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines INTRODUCTION, FUNCTIONAL IMPROVEMENT, PHYSICAL MEDICINE Page(s): 9; 98-99.

**Decision rationale:** The treating physician has not provided an adequate prescription, which must contain a diagnosis, duration, frequency, and treatment modalities, at minimum. The physical therapy recommended by the primary treating physician has an unclear reference to quantity, duration, and frequency. There are no modalities listed. A diagnosis of "C/S" is inadequate. Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current PT prescription. It is not clear what is intended to be accomplished with this PT, given that it will not cure the pain and there are no other goals of therapy. The current PT prescription exceeds the quantity recommended in the MTUS. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Given the completely non-specific prescription for physical therapy in this case, it is presumed that the therapy may rely on passive modalities. The primary treating physician did not discuss the prior course of 12 physical therapy visits and reasons why this failed modality should be repeated. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.