

<b>Case Number:</b>	CM14-0021284		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Internal Medicine, has a subspecialty in Nephrology 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 52 year old male with a 10/25/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 1/24/14 noted subjective complaints of headaches and occasional dizziness. Objective findings included non-tender cervical spine and non-tender lumbar spine. Cervical spine had full range of motion. The provider notes that with regards to his neck and back he feels that he can place the patient on a home exercise plan. Diagnostic Impression: cervical strain, lumbar disc herniation. Treatment to Date: medication management, physical therapy. A UR decision dated 1/21/14 denied the request for physical therapy 2x6 cervical and lumbar spine. There are no provided reasons why this claimant could not continue with a home exercise program for further gains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks for the Cervical and Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Summary of Recommendations and Evidence, Neck and Upper Back Complaints, 181-183

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004) 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 how much physical therapy the patient has already received. In addition, it is noted in a 1/24/14 progress report that the primary treating physician feels that the patient can be placed on a home exercise regimen. Also, there are no significant findings on physical examination. The patient was noted to have non-tender cervical and lumbar regions and full range of motion of the cervical spine. It is unclear how additional physical therapy sessions would be of benefit at this time. Therefore, the request for physical therapy 2 times a week for 6 weeks for the cervical and lumbar spine was not medically necessary.