

<b>Case Number:</b>	CM14-0023347		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/09/2004
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 45 year old female with a reported injury on 09/09/2004. The mechanism of injury was a gate swung back and hit her left side. The injured worker's diagnoses included neck sprain, cervical spondylosis, lumbar sprain, an osteochondritis dissecans lesion, and right ankle lateral impingement. The injured worker's previous treatments included a back brace, medications, physical therapy (2003, 2005, 2007), epidural steroid injections to cervical and lumbar spine (2005, 2007, 2008, 2009), and aquatic therapy. The injured worker's diagnostic testing included x-rays and a lumbar spine MRI in 2003, x-rays and lumbar and cervical spine MRIs in 2005, a cervical spine MRI in 2006, and cervical and lumbar MRIs in 2008, and cervical and lumbar spine MRIs in 2010 that were negative for herniated nucleus pulposus. The injured worker's surgical history included arthroscopy of the right ankle with extensive debridement of lateral scar and large lesion of the talus measuring 2x4 mm. on 02/18/2014 and a prior right knee arthroscopy on 07/25/2006. The most recent documentation regarding cervical and lumbar pain was an examination on 12/18/2013 where the injured worker complained of neck pain rated at 5/10 and low back pain rated at 6/10. The clinician observed and reported lumbar and cervical spine tenderness and decreased range of motion and a normal neurological examination of the upper and lower extremities. The treatment plan included physical therapy, lumbar support, and medications. The injured worker's medications included Flexeril, Protonix, Voltaren XR, Norco, and Ultram. The request was for physical therapy for the lumbar and cervical spine to treat neck sprain, cervical spondylosis, lumbar sprain and lumbosacral disc degeneration. The request for authorization form was submitted on 10/17/2013 and 01/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the lumbar and cervical spine:** Upheld

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

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

**Decision rationale:** The request for physical therapy for the lumbar and cervical spine is not medically necessary. The injured worker complained of neck pain rated 5/10 and low back pain rated 6/10. The California MTUS Guidelines recommend active physical therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Physical medicine guidelines allow for 9-10 visits over 8 weeks with fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The documentation did not provide any objective measureable findings of decreased strength or decreased range of motion. Additionally, the request for physical therapy did not indicate how many visits or the period of time for those visits. Therefore, the request for physical therapy for the lumbar and cervical spine is not medically necessary.