

<b>Case Number:</b>	CM14-0051141		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/03/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Internal Medicine and is licensed to practice in California. He/she Final Determination Letter for IMR Case Number CM14-0051141 3 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 an injured worker with neck and back complaints. Date of injury was 06-03-2010. Progress note dated 04-23-2014 documented subjective complaints of neck and back pain with pain radiating into the extremities. Medications included Norco and Gabapentin. Mechanism of injury was slip, fall, grab, and twisting of the body. Past treatments included physical therapy, acupuncture, and chiropractic, which provided no relief. Physical examination findings included cervical and lumbar tenderness and decreased range of motion. Diagnoses were lumbar radiculopathy, low back pain, muscle spasm, cervical pain, left shoulder pain, occipital neuralgia, headaches, neck pain, cervical and upper trapezius spasm and strain, and lumbar paraspinal spasm and strain. Treatment plan included a request for physical therapy 12 sessions for neck and low back. MRI of the lumbar spine 11/20/10 reported minimal broad-based anterior bulge causing trace central canal stenosis and trace foraminal stenosis L5-S1. MRI of the cervical spine 5/30/11 reported minimal reversal of normal cervical lordosis with no evidence of disc herniation, cord compression or foraminal narrowing. Utilization review determination date was 03-21-2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve physical therapy sessions for the neck and low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic)Physical therapy (PT).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 98-99) provide Physical Therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits over 8 weeks are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. Official Disability Guidelines (ODG) provide physical therapy (PT) guidelines. For neck and strains, 10 visits over 8 weeks are recommended. For lumbar sprains and strains, 10 visits over 8 weeks are recommended. Medical records document neck and back complaints with a date of injury of 06-03-2010. MRI of the cervical spine and the lumbar spine reported minimal findings. Progress note dated 04-23-2014 documented that the patient had received chiropractic, acupuncture, and physical therapy, which provided no relief. Previous physical therapy sessions did not provide relief. MTUS and ODG guidelines recommend 8 weeks of physical therapy for neck and lumbar strains and sprains. The request for additional physical therapy (PT) sessions would exceed clinical guideline recommendations. No exceptional factors were noted that would support medical necessity of additional physical therapy sessions the neck and low back. Therefore, the request for twelve physical therapy sessions for the neck and low back is not medically necessary.