

<b>Case Number:</b>	CM14-0053844		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/25/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 & Rehabilitation and is licensed to practice in Nevada. 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 48-year-old female was reportedly injured on January 25, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 3, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity as well as neck pain radiating to the right upper extremity. The physical examination demonstrated tenderness and spasms along the cervical paraspinal muscles as well as trigger points along the cervical spine and upper back. Examination of the right shoulder indicated pain with range of motion. Examination of the lumbar spine indicated decreased range of motion with pain as well as tenderness of the paraspinal muscles with myofascial trigger points. Diagnostic imaging studies of the lumbar spine indicated degenerative disc disease and disc bulges at L4-L5 and L5-S1. Previous treatment included right shoulder surgery and physical therapy. A request was made for physical therapy for the cervical and lumbar spine from 12/31/13-03/06/14 and was not certified in the pre-authorization process on April 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy cervical and lumbar spine 12/31/13-03/06/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and Upper Back, Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic, Physical Therapy, updated July 3, 2014.

**Decision rationale:** According to the Official Disability Guidelines, 10 visits of physical therapy are indicated for lumbar spine sprains and strains. While physical therapy for the injured employee's lumbar spine and cervical spine is medically necessary, this request does not state how many physical therapy visits are requested. Considering this, this request for physical therapy for the cervical and lumbar spine from 12/31/13-03/06/14 is not medically necessary.