

<b>Case Number:</b>	CM14-0067681		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	08/11/2003
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 68-year-old female who has submitted a claim for low back pain, cervical pain, cervical discogenic disease, and lumbar discogenic disease associated with an industrial injury date of 08/11/2013. Medical records from 2013 to 2014 were reviewed. The patient complained of chronic neck and low back pain. Physical examination of the cervical spine and lumbar spine showed muscle tightness, spasm, and restricted range of motion. Straight leg raise test was positive bilaterally. Lasegue sign was also noted. Treatment to date has included anterior cervical discectomy with foraminotomy at C4-C7 on 08/28/2010; anterior lumbar discectomy, partial corpectomy at L4-L5 and L5-S1, fusion at L4-L5 and total discectomy at L4-L5 and L5-S1; physical therapy, use of a cervical collar, and medications. Utilization review from 03/12/2014 denied the request for continued physical therapy (cervical, lumbar) for one time per week for six weeks because there was no clear discussion as to why additional visits were being requested as there was no mention of functional improvements.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy (cervical, lumbar) for one time per week for six weeks:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient complained of persistent neck and back pain despite surgery and previous physical therapy. Medical records submitted failed to provide documentation concerning the total number of visits attended by the patient. The documented rationale for additional therapy visits is to improve pain level and instability. However, progress report from 04/17/2014 cited that patient had increased neck and back pain secondary to PT. There was no further discussion concerning factors that may have hampered patient's progress in therapy. Therefore, the request for continued physical therapy (cervical, lumbar) for one time per week for six weeks is not medically necessary.