

<b>Case Number:</b>	CM14-0069625		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 and Rehabilitation and is licensed to practice in Georgia. 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 44 year old male who was injured on 08/10/2010. The mechanism of injury is unknown. Prior medication history included Norco and metformin. Prior treatment history has included physical therapy. There are no diagnostic studies provided for the cervical and lumbar spine. Progress report (PR) dated 10/29/2013 noted the patient continued to complain of neck and back pain, and bilateral shoulder pain. He reported severe limitations with overhead lifting, moderate limitations with reaching over his head, slight limitation with yard work, slight limitations with walking more than three miles. On examination, it was noted that lateral bending left and right, flexion, extension of the lumbar spine were 25% decreased. Cervical spine flexion, extension, lateral bending to the left and right, rotation to the left and right were also decreased by 25%. PR dated 04/09/2014 stated the patient presented with continued neck and back pain. He described the pain as sharp, stiff and stabbing pain. With respect to ADLs, the patient stated that he had severe limitations lifting things over his head, slight limitations with walking and standing for a prolonged period of time. He noted moderate limitations with running and turning his neck. On exam, cervical spine range of motion was decreased by 25%. He had pain at C5-C6, C7. It was noted he was only able to abduct his bilateral shoulders to about 90 degrees, and flex to approximately 120 degrees. He was diagnosed with cervical disc protrusion. He had been instructed to continue with home exercise program and recommended for physical therapy. Request for authorization (RFA) dated 04/14/2014, with request made for PT, 3xwk x 4wks for diagnoses of cervical herniated disc, pain in limb, and pain in joint. Prior utilization review dated 04/22/2014 stated the request for Physical Therapy 3xwk x 4wks lumbar and cervical spine was denied as medical necessity had not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3xwk x 4wks lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back Chapter Official Disability Guidelines-Physical Therapy Guidelines.

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

**Decision rationale:** The Official Disability Guidelines (ODG) recommends active therapy over passive therapy. ODG recommends 10 Physical Therapy (PT) visits over 8 weeks for intervertebral disc disorders without myelopathy. ODG recommends for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active, self-directed home PT. For degeneration of cervical intervertebral discs, ODG recommends 10-12 visits over 8-weeks. The Medical Utilization Treatment Schedule (MTUS) also recommends fading of treatment as noted above. The medical records document the request is to get the patient "back into physical therapy", indicating he has already participated in physical therapy in the past. The provided records fail to indicate whether the patient's prior treatments lead to improved outcomes, with no objective documentation provided to demonstrate functional improvement or decreased pain following prior physical therapy. Given the limited documentation provided, and based on the ODG and MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.