

<b>Case Number:</b>	CM14-0085678		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 California. 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 51-year-old female who reported injury on 07/18/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 02/05/2014 indicated diagnoses of cervical disc lesion with radicular symptoms, mid back strain/sprain and lumbar disc lesion with radicular symptoms. The injured worker reported continued pain in her neck and lumbar spine with numbness and tingling sensation in her hands. The injured worker reported she relied on medication for pain and symptomatic relief. On physical examination of the cervical spine, the injured worker had decreased range of motion with tenderness to palpation along the cervical paraspinal musculature and a positive Spurling's test. The injured worker's treatment plan included request for authorization for right carpal tunnel release surgery, internal medicine evaluation, and hot/cold contrast unit. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The provider submitted a request for cervical and lumbar spine physical therapy. A request for authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical and Lumbar Spine PT X 184 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-289. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary.

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

**Decision rationale:** The MTUS Guidelines state that active therapy is 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as the number of sessions of physical therapy the injured worker has completed to include the efficacy of the therapy. In addition, there is lack of documentation including an adequate and complete physical examination demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the request for 184 visits is excessive. Therefore, the request is not medically necessary.