

<b>Case Number:</b>	CM14-0177195		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 male, who sustained an industrial injury on May 19, 2014. He has reported cumulative trauma. The diagnoses have included cervicgia, and lumbago. Treatment to date has included unknown amount of completed physical therapy and chiropractic therapy, medications, radiological imaging, and injections. The Utilization Review indicates a "previous certification of 12 visits for the cervical spine and lumbar spine". Currently, the IW complains of constant cervical spine pain that is sharp, and radiates into the upper extremities, and is associated with migraine headaches. He also complains of low back pain with radiation into the legs. The provider notes the injured workers symptomology is unchanged from the initial examination. Physical findings are noted as tenderness with spasms in the neck area, and tenderness with spasms in the lumbar spine area. On September 30, 2024, Utilization Review non-certified additional physical therapy, three times weekly for four weeks for the cervical and lumbar spine, based on MTUS, Chronic Pain Medical Treatment, and ODG guidelines. On October 21, 2014, the injured worker submitted an application for IMR for review of additional physical therapy, three times weekly for four weeks for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical and lumbar spine, 3 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (updated 08/22/14), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Neck and Upper Back, Acute and Chronic, Physical therapy

**Decision rationale:** The requested Physical therapy for the cervical and lumbar spine, 3 times a week for 4 weeks, is not medically necessary. The guidelines recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has constant cervical spine pain that is sharp, and radiates into the upper extremities, and is associated with migraine headaches. He also complains of low back pain with radiation into the legs. The provider notes the injured worker's symptomology is unchanged from the initial examination. Physical findings are noted as tenderness with spasms in the neck area, and tenderness with spasms in the lumbar spine area. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above were not met. Therefore, physical therapy for the cervical and lumbar spine, 3 times a week for 4 weeks is not medically necessary.