

<b>Case Number:</b>	CM14-0192374		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Rehab 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 woman with date of injury of 8/28/13. The patient is being treated for chronic neck pain with radiation into bilateral upper limbs and chronic low back pain. She carries a diagnosis of cervical and lumbar degenerative disc disease and facet arthropathy without evidence of fracture or instability of the spine. Her neurologic exam was noted to be normal. Cervical radiculopathy is being evaluated by EMG. On 10/28/14 request for 12 physical therapy visits of the lumbar and cervical spine was submitted.

### 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 for 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient is being treated for chronic neck and low back pain due to degenerative changes. There is suspicion for left cervical radiculopathy. The primary treating physician subsequently made recommendations for 12 visits of physical therapy for the cervical and lumbar spine. During that time the patient remained temporary totally disabled. For the

diagnosis of radiculitis, MTUS guidelines recommend 8-10 visits over 4 weeks of physical therapy. The request for 12 visits exceeds MTUS guidelines and is therefore not medically necessary.