

<b>Case Number:</b>	CM14-0203911		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Emergency Medicine, 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:

This is a 65-year-old female with a work-related injury dated April 15, 2011. At the physician's visit dated November 6, 2014 the worker was complaining of pain and stiffness in the cervical spine, headaches, difficulty sleeping, left shoulder pain and aches to the coccyx with prolonged sitting. Pain medications at this visit included Advil and Voltaren. Physical exam was remarkable for increased pain and spasms in the cervical spine. Diagnoses documented at this visit included cervical and lumbosacral strain and spondylosis. Treatment at this visit included a request for additional physical therapy once weekly for four weeks. The utilization review decision dated November 14, 2014 non-certified the request for additional physical therapy to the cervical and lumbar spine, once weekly for four weeks. The rationale for non-coverage was based on the CA MTUS Physical Medicine Guidelines for neuralgia, neuritis and radiculitis. These guidelines allow for eight to ten visits over four weeks. The worker was diagnosed with cervical and lumbar spine strain and spondylosis with right lower extremity radiculopathy. The worker had twenty sessions of physical therapy as of November 6, 2014, which provided 60 percent in relief of pain. There were insufficient findings on physical exam to support continuing physical therapy. The four visits requested were non-certified as not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, once weekly, cervical and lumbar spine QTY: 4.00:** 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 Neck & Upper Back, Low Back

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

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented completion of at least 20 prior PT sessions and had reported improvement. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. For the patient's diagnosis, MTUS do not recommend more than 10 physical therapy sessions without proper justification. The additional number requested is excessive and has exceeded the already recommended number. Additional 4 physical therapy sessions are not medically necessary.