

<b>Case Number:</b>	CM14-0206515		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 45-year-old male with a date of injury of 07/03/2013. According to progress report dated 10/22/2014, the patient presents with chronic neck and low back pain. He is currently utilizing naproxen with slight benefits and is not working at this time. Current medications include tramadol 50 mg and naproxen-esomeprazole 500-20 mg. Examination of the cervical spine revealed slight spinous process and paravertebral tenderness and stiff range of motion. Examination of the lumbar spine revealed lower lumbar paravertebral tenderness with spasm noted. Range of motion is flexion 60 degrees and extension 20 degrees. Straight leg raise in a sitting position is negative bilaterally. MRI of the cervical spine dated 10/10/2014 revealed C5-C6 very mild degenerative disk disease, not associated with significant neural impingement and very mild multilevel uncovertebral joint hypertrophy. MRI of the lumbar spine dated 10/10/2014 revealed L4-L5 3-mm disk bulge which flattens the anterior thecal sac, otherwise, unremarkable MR lumbar spine examination. The listed diagnoses are: 1. Cervical myofascial sprain/strain. 2. Lumbar myofascial sprain/strain. The patient is temporarily totally disabled. Treatment plan was for home heat/ice, topical analgesic ointment, home exercise program, cervical pillow, lumbar corset, physical therapy twice weekly at 6 times per week, and followup in 6 weeks. The utilization review denied the request on 12/04/2014. Treatment reports from 07/23/2013 through 10/22/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, twice weekly, cervical, lumbar spine, QTY: 12.00: 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, Physical Therapy, Cervicalgia (Neck Pain); Low Back, Physical Therapy, Lumbar Sprain and Strains

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for physical therapy, twice weekly, cervical, lumbar spine, qty: 12.00. For physical medicine, the MTUS Guidelines pages 98 and 99 recommend for myalgia- and myositis-type symptoms 9 to 10 visits over 8 weeks. Review of the medical file indicates the patient underwent 8 physical therapy treatments between 07/08/2013 and 09/04/2013. More recently, the patient participated in 5 additional physical therapy sessions between 06/23/2014 and 07/15/2014. Physical therapy progress note from 06/30/2014 states that the patient is tolerating treatment well and there is improvement in range of motion, strength, and gait. Physical therapy progress note from 07/08/2014 notes range of motion and pain level are unchanged. Treatment plan included home exercise program. In this case, the treating physician's request for additional 12 sessions, with the 13 sessions already received, exceeds what is recommended by MTUS. There is no rationale provided to indicate why the patient has not been transitioned into a self-directed home exercise program, and there is no report of a new injury, new surgery, or new diagnosis that could substantiate the current request. The requested additional physical therapy IS NOT medically necessary.