

<b>Case Number:</b>	CM14-0208652		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2014

### 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 Family Practice 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:

47 yr. old male claimant sustained a work injury on 7/30/14 involving the neck and low back. He was diagnosed with cervical strain and lumbar strain. He had undergone physical therapy. An MRI had indicated he had lumbar disc protrusion. A progress note on 11/26/14 indicated the claimant had cervical and lumbar trigger points. Range of motion of the cervical and lumbar spine was reduced. An additional 12 sessions of physical therapy with hot packs, electrical stimulation and soft tissue massage were requested. Between July and October 2014 there were approximately 20 sessions of therapy ordered.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy with E stim, exercise, massage 3x4 (12): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014, Low Back: Physical Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or

less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. The claimant had previously performed home exercises. The amount of additional therapy requested exceeds the amount suggested by the guidelines. Consequently, 12 sessions of therapy including the modalities are not medically necessary.