

<b>Case Number:</b>	CM14-0209013		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: Physical Medicine & Rehabn

### 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 patient is a 63 year old male with an injury date on 3/12/12. The patient complains of intermittent cervical pain rated 7/10 and lumbar pain rated 6/10 with occasional flare-ups per 10/30/14 report. The patient is working full time with restrictions per 5/21/14 report. The patient's physical therapy sessions, which helped decrease his pain, ended 3 months ago per 5/21/14 report. Based on the 10/30/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar disc herniation 2. thoracic s/s 3. cervical s/s A physical exam on 10/30/14 showed " L-spine range of motion is limited with flexion at 40/60 degrees. C-spine range of motion is limited with flexion/extension reduced by 20 degrees each." The patient's treatment history includes medications, L-spine x-rays, cryotherapy, physical therapy. The treating physician is requesting physical therapy two times a week for 3 weeks cervical spine and lumbar spine. The utilization review determination being challenged is dated 11/12/14 and denies request due to lack of current musculoskeletal functional deficits that cannot be addressed with a home exercise program. The requesting physician provided treatment reports from 5/21/14 to 10/30/14. On November 12, 2014, Utilization Review non-certified a prescription for 6 visits (2 times a week for 3 weeks) of physical therapy for the cervical and lumbar spine requested on October 30, 2014. The physical therapy was non-certified based on lack of documentation of current musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program. The injured worker had completed physical therapy previously, and it would be expected that he was transitioned to a home exercise program following the completion of the therapy. There was no documentation of lack of benefit from a home exercise program.

The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Physical Medicine was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy two (2) times a week for three (3) weeks Cervical Spine and Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

**Decision rationale:** This patient presents with neck pain and lower back pain. The treater has asked for physical therapy two times a week for 3 weeks cervical spine and lumbar spine on 10/30/14. The patient most recent physical therapy sessions were in February 2014, and they were helpful in reducing pain per 5/21/14 report. The utilization review letter dated 11/12/14 states that the patient had 10 physical therapy sessions authorized on 2/11/14. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient has chronic back and neck pain. The patient had 10 physical therapy sessions authorized, which ended 8 months ago and was of benefit for reducing pain. A short course of treatment may be reasonable for a flare-up, declined function or new injury. There is no rationale, however, for the requested 6 sessions of physical therapy to the C-spine and L-spine. The treater does not explain why therapy is needed, and why the patient is unable to do the necessary home exercises. The request is not medically necessary.