

<b>Case Number:</b>	CM15-0001252		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/29/2008
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 58 year old male, who sustained an industrial injury on May 29, 2008. He has reported neck pain and lumbar pain. The diagnoses have included cervicalgia, thoracic or lumbar radiculitis, lumbosacral spondylosis and lumbago. Treatment to date has included physical therapy, and pain management. Currently, the injured worker complains of neck pain. The injured worker noted that the onset of the neck pain is gradual and requests to return to physical therapy. The injured worker reported that he attended physical therapy earlier that year and found it to be beneficial. On July 22, 2013 the injured worker was discharged from physical therapy care with all goals having been met. On December 5, 2013, the injured worker reported decreased painful cervical range of motion, moderate headache and disturbed sleep. The documentation did not provide specific clear functional gains the injured worker made with regard to work duties and activities of daily living. On December 17, 2014 Utilization Review non-certified a request for physical therapy to the cervical and low back noting the injured worker had only attended two previous sessions of physical therapy with limited documented gains. The California MTUS Chronic Pain Treatment guidelines were cited. On January 5, 2015, the injured worker submitted an application for IMR for review of physical therapy to the cervical and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 6 (cervical & low back): Upheld**

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

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

**Decision rationale:** The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing lower back and neck pain. These records report the worker had completed twenty sessions of physical therapy several months ago. There was no discussion supporting the need for additional sessions rather than continuing with a self-directed home program. In the absence of such evidence, the current request for physical therapy sessions for the upper and lower back three times weekly for six weeks is not medically necessary.