

<b>Case Number:</b>	CM15-0001919		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/08/2014
<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:

This injured worker is a 40 year old male who sustained an industrial injury on January 17, 2014. The mechanism of injury was a motor vehicle accident. The injured worker developed head, shoulder, lower back, hips legs and knee pain. Diagnoses include cervical sprain/strain, lumbar sprain/strain, chronic anxiety and chronic depression. Treatment to date has included pain management, physical therapy, injections, chiropractic treatment, a transcutaneous electrical nerve stimulation unit, back brace and acupuncture sessions which helped temporarily. The documentation dated July 15, 2014 notes that the injured worker complained of low back pain. The pain was described as constant, sharp, dull and achy radiating to his upper and lower back. He also reported testicular pain and sleep difficulties due to the pain. Physical examination revealed cervical tenderness and pain with range of motion. Lumbar examination was not provided. Documentation dated October 25, 2014 notes the physical examination of the lumbar spine revealed tenderness to palpation of the lumbar paravertebral muscles. Kemp's test was positive. On January 5, 2015, the injured worker submitted an application for IMR for review of physical therapy one times a week for six weeks for the cervical and lumbar regions. On December 8, 2014 Utilization Review evaluated and non-certified the physical therapy request. The MTUS, Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1 x 6 weeks (cervical/lumbar):** 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 depression with anxiety and pain and stiffness throughout the back. These records were unclear if the worker was participating in a directed physical therapy or home exercise program or if this was a treatment recommendation. There was no discussion describing the reason directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for weekly physical therapy for the cervical and lumbar regions for six weeks is not medically necessary.