

<b>Case Number:</b>	CM15-0002988		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old female who reported injury on 03/17/2008. There was a Request for Authorization submitted for review dated 11/26/2014. The mechanism of injury was not provided. The documentation of 11/13/2014 revealed the injured worker reported no improvement since her last visit to the office and felt worse. The injured worker had neck pain that is aggravated more with prolonged activities and movements and low back pain that is aggravated with prolonged walking and standing. The objective findings revealed the injured worker had a well healed scar in the anterior aspect of the cervical spine. The lumbar spine examination revealed painful range of motion and moderate tenderness to palpation with "low" sensation to the left outer leg. The injured worker underwent an MRI of the lumbar spine in 2008. The diagnoses included status post anterior cervical spine fusion at C3-4, C4-5, and C5-6 on 08/21/2009 with residual pain, chronic back pain rule out herniated disc causing radiculopathy, anxiety, depression, and lack of sleep. The treatment plan included 12 sessions of physical therapy due to increased neck and back pain. The medications include Motrin 800 mg at bedtime as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy (3x6):** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for the treatment of myalgia, neuralgia, or radiculitis. There was a lack of documentation of prior conservative care. The documentation indicated the request was made due to increased neck and back pain. However, there was a lack of documentation of objective functional benefit received from prior therapy. The Request for Authorization submitted for review was for 2 to 3 times per week for 6 weeks. There was a lack of documentation of objective functional deficits to support the necessity for physical therapy. The request as submitted failed to indicate the body part for the requested treatment. Given the above and the lack of documentation, the request for Physical Therapy (3x6) is not medically necessary.