

<b>Case Number:</b>	CM15-0102595		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	12/09/2014
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57 year old male with an industrial injury dated 12/09/2014. His diagnoses included cervical spine sprain, concussion and low back injury. Prior treatment included 18 sessions of physical therapy for cervical spine for strain/headaches and 6 sessions for lumbar spine for low back pain. He presents on 04/14/2015 with complaints of pain in the left side of the occiput, left neck and upper back. He rates his pain as 6/10 on the pain scale. Physical exam of the cervical spine showed limited range of motion for extension and left rotation with pain. There was mild tenderness at left subcapitus muscles and left paracervical and trapezius. There was mild tenderness at the lumbar 4-sacral 1 and left paralumbar muscles with limited range of motion. Medication was listed as Ibuprofen. Work status was modified duty. MRI of the cervical spine dated 02/27/2015 showed cervical 5-6 degenerative disc disease. Treatment plan included physical therapy extension 2 times a week for 3 weeks for a total of 6 sessions for lumbar spine to decrease pain, inflammation and restore function. Also included in the plan was a pain management consultation for cervical spine given failed conservative management. The request is for physical therapy two times three for lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 for Lumbar Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 of 127.

**Decision rationale:** Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.