

<b>Case Number:</b>	CM15-0146174		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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 a 60 year old male, who sustained an industrial injury on 10-24-2014 secondary to electricity hitting him in the face and threw him resulting in hitting his head and loss of consciousness for about 10 to 30 seconds. On provider visit dated 06-17-2015 the injured worker has reported neck pain, headache, back pain, stiff knee and low back pain. On examination of the cervical spine, revealed tenderness to palpation at C5-C6 spinous processes. Lumbar spine was noted to have tenderness to palpation in the L4-L5 spinous process and a decreased range of motion. Facet loading was noted as positive bilaterally in the lumbar spine area. The diagnoses have included post concussive syndrome, cervical strain, C6-C7 disc herniation, and lumbar strain. Treatment to date has included medication. The injured worker was noted to be on modified work duty. The provider requested physical therapy to cervical spine and lumbar spine, 2 times weekly for 3 weeks, 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Cervical Spine, Lumbar Spine, 2 times wkly for 3 wks, 6 sessions:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Neck and Low Back Chapters, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) 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 no documentation of specific objective functional improvement with any 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 physical therapy is not medically necessary.