

<b>Case Number:</b>	CM15-0034199		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	09/29/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on 09/29/2014. On provider visit dated 12/03/2014 the injured worker has reported lumbar spine pain. On examination there were noted spasms of the thoracolumbar spine, paravertebral musculature, tenderness of the thoracolumbar spine and paravertebral musculature. The diagnoses have included post-traumatic stress disorder, cervical and lumbar sprain/strain and blunt head trauma. Treatment to date includes an unclear number of completed sessions of physical therapy. Treatment plan included physical therapy. On 01/30/2015 Utilization Review non-certified Physical Therapy 2 times per week for 6 weeks for Neck and Lumbar. The CA 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 2 times per week for 6 weeks for Neck and Lumbar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and low back sections, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week for six weeks to the cervical and lumbar is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are blunt head trauma; sprain/strain cervical; sprain/strain lumbar; and post traumatic stress disorder. Subjectively, according to a December 3, 2014 progress note, the injured worker has complaints of moderately severe back pain. Objectively, the injured worker's pain scale is 8/10. He injured worker ambulates with a normal posture a normal gait. There is no weakness in the lower extremities. There are spasms of the thoracolumbar and paravertebral muscle groups. Range of motion is full. Neurologic evaluation is grossly intact. The documentation does not contain objective findings of the cervical spine and related muscle groups. The injured worker received 12 prior physical therapy sessions. There are no physical therapy progress notes or documentation of objective functional improvement. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement (or physical therapy notes), physical therapy two times a week for six weeks to the cervical and lumbar spine is not medically necessary.