

<b>Case Number:</b>	CM15-0047848		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/12/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43-year-old female who sustained an industrial injury on April 12, 2013. The injured worker was diagnosed with neck sprain/strain, cervicalgia and lumbar sprain/strain. There were no documented surgical procedures or diagnostic reports available for review. According to the primary treating physician's progress, report on February 4, 2015 the patient continues to experience neck, shoulder and upper extremity pain. Overall, there is no improvement. The injured worker attends physical therapy, which helps for a short time and is not active in the home exercise program. Examination demonstrated decreased range of motion of the neck, lower back and bilateral shoulders. Current medications are listed as Tramadol, Omeprazole and topical analgesics. Treatment plan consists of continuing with medication, home exercise program and continue with physical therapy for the neck and lower back as requested for authorization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x4 for the neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy 2x4 for the neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that for this condition up to 10 sessions of PT would be appropriate. The patient has had prior PT for her neck and there is no evidence of functional improvement. The request for additional PT to the neck is not medically necessary.

**Physical therapy 2x4 for the lower back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Preface- Physical Therapy Guidelines.

**Decision rationale:** Physical therapy 2x4 for the lower back is not medically necessary. The ODG states that patients should be formally assessed after a "six-visit clinical trial" of physical therapy to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition with a transition to a home exercise program. The documentation does not reveal objective documentation from physical therapy visits. In the 3/16/15 documentation the patient claims that she did not receive any PT for her low back. Earlier progress notes indicate that the provider recommended low back physical therapy. It is unclear whether or not this occurred but regardless of this the guidelines recommend a 6 visit trial prior to progressing to additional PT visits. Without clarification of low back PT from prior PT progress notes and due to the fact that the request exceeds the 6 visit recommended trial period the request for physical therapy to the low back is not medically necessary.