

<b>Case Number:</b>	CM14-0158634		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61 year old male who sustained work-related injuries on November 5, 2008. Per the most recent records dated September 10 2014, the injured worker was documented to be seen approximately 5 years ago. He has diabetes and was on insulin. He had a liver transplant in 2009 and had a pacemaker since his last visit. He rated his persistent pain as 5-6/10. He continued to have neck pain that occasionally radiated to his bilateral upper extremities. He also complained of low back pain. On examination, mild weakness and numbness was noted along the right C6. Spasms and tenderness were noted over the cervical and lumbar areas. The cervical spine and lumbar spine ranges of motion were decreased. Magnetic resonance imaging of the cervical spine performed on June 1, 2009 noted a herniated nucleus pulposus on the right C4-5 and C5-6 which was consistent with his symptoms. An x-ray of the cervical spine performed on September 10, 2014 noted spondylosis. An x-ray of the lumbar spine performed on September 10, 2014 noted diffuse spondylosis with mild scoliosis. He is diagnosed with (a) herniated nucleus pulposus at C4-5 and C5-6; (b) cervical and lumbar spine sprain and strain; and (c) degenerative disc disease and bulges of the lumbar spine with history of liver disease (hepatitis and questionable cirrhosis) status post liver transplant and pacemaker insertion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Physical Therapy Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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

**Decision rationale:** This injured worker's date of injury is November 5, 2008 which categorizes his condition as chronic. There is no mention of the previous treatments that were administered or provided to the injured worker in the most recent records. This would be able to help determine if he underwent physical therapy with his previous visits. Also, the mention of prior treatment would help determine if the injured worker's physical treatment modalities do not exceed the recommended number of visits. Evidence-based guidelines strongly recommend that for chronic conditions, an active form of therapy (e.g. home based exercises) is to be utilized and it has been documented to produce better outcomes. In addition, due to the chronicity of this injured worker's condition, it is expected that he has been provided with an instructed home exercise program which he can undertake independently. Based on these reasons, the medical necessity of the requested 8 physical therapy visits is not established.