

<b>Case Number:</b>	CM14-0161253		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	10/10/1998
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Occupational Medicine, and is licensed to practice in New York. 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 68 year old male with a date of injury on 10/10/1996. He injured his neck and lower back and developed persistent pain since that time. He was diagnosed with cervical and lumbar degenerative disk disease. He had received physical therapy treatments in the past for an undisclosed number of sessions. His treating physician is requesting additional physical therapy to the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Cervical and Lumbar Spine:** Upheld

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

**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); Low Back, Physical Therapy (PT).

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) guidelines state that passive therapy (including treatment modalities that are used during physical therapy sessions) can provide short term pain relief during the early phases of treatment- however this injured worker is well beyond the early phase of treatment as his injury occurred 18 years ago. In

addition, the Official Disability Guidelines (ODG) state that the use of active treatment instead of passive modalities is associated with substantially better clinical outcomes- such active treatment can be provided with a home exercise program at this time. The Official Disability Guidelines (ODG) further states that up to 10 visits of physical therapy over 8 weeks is indicated for the treatment of intervertebral disk disorders, which has already been exceeded in this case. Therefore, the request for additional physical therapy to the cervical and lumbar spine would not be considered medically necessary.