

<b>Case Number:</b>	CM14-0166115		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/11/2014
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 48 year old female with date of injury 3/11/14. The treating physician's hand written report dated 9/2/14 indicates that the patient presents with primarily cervical spine pain and continued lumbar spine pain. The physical examination findings reveal positive left paraspinal TTP, + Left Spurling's, normal ROM, normal muscle strength and normal upper extremity sensation. Prior treatment history includes and unknown amount of physical therapy. The current diagnoses are: 1. Cervical strain; 2. Lumbar strain; 3. Right IT band syndrome. The utilization review report dated 9/9/14 denied the request for rehabilitation 2x3 based on the rationale that the patient had previously had therapy and there was no documentation of results or why the patient is not on a home exercise plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rehabilitation 2x3, lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The patient presents with chronic cervical and lumbar pain of unknown intensity and frequency. The current request is for Rehabilitation 2x3, lumbar. The treating physician report dated 8/5/14 states, "Positive neck pain down left upper extremity but better with P.T., Awaiting cervical spine PT auth additional lumbar spine PT." The treating physician report dated 9/2/14 states, "Lumbar spine PT denied, appeal." The MTUS guidelines recommend physical therapy 8-10 sessions for myalgia and neuritis type conditions. In this case the treating physician does not document how many physical therapy sessions that the patient has previously completed when reporting that the patient was better with PT. There is no information provided to indicate why the patient has not been released to a home exercise program. MTUS states, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." There is no documentation to support continued physical therapy and no new injuries or diagnoses are documented to support this request. Recommendation is the request is not medically necessary.