

<b>Case Number:</b>	CM14-0036123		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male with an injury date on 2/1/12. The patient complains of ongoing L-spine pain that is not significantly improved per 1/20/14 report. The patient has intermittent cervical pain, bilateral shoulder worsened by heavy lifting, constant lower back pain with lower extremity weakness/coldness, and bilateral knee pain per 12/6/13 report. Based on the 1/20/14 progress report provided by the treating physician, the diagnoses are: 1. displacement cervical disc w/o myelopathy. 2. internal derangement shoulder region 3. s/s of lumbosacral. A physical exam on 12/6/13 showed C-spine range of motion is limited, bilateral shoulder range of motion is limited, L-spine range of motion is limited. Positive straight leg raise test." The patient's treatment history includes medications, physical therapy, MRI bilateral shoulders/lumbar/cervical. The treating physician is requesting lumbar facet injection at L3-4 L4-5 and L5-S1. The utilization review determination being challenged is dated 2/25/14. The requesting physician provided treatment reports from 1/9/13 to 4/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x a week x 3 weeks for the cervical/lumbar spine:** Upheld

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

Disability Guidelines Neck & Upper Back (updated 3/7/14) Physical Therapy (PT) Official  
Disability Guidelines Low Back (2/13/14) Physical Therapy (PT)

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

**Decision rationale:** This patient presents with cervical spine pain, radiating left shoulder pain, right shoulder pain, lower back pain, and bilateral knee pain. The treater has asked for PHYSICAL THERAPY 2 X WK X 3 WKS CERVICAL/LUMBAR SPINE on 1/20/14. The patient had 4 sessions of physical therapy to the C-spine and L-spine between 2/26/13 and 4/2/13 which gave no relief from pain per 4/8/13 progress report. The patient then had a course of 3 physical therapy sessions for the C-spine and L-spine from 12/6/13 to 1/2/14 without any mention of effectiveness. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had 7 sessions of physical therapy in the past year without any documentation of effectiveness. A short course of treatment may be reasonable for a flare-up, declined function or new injury. However, the treater does not indicate any rationale or goals for the requested additional sessions of therapy. Prior physical therapy does not seem to have been helpful for the C-spine and L-spine. As the patient had 7 prior therapy sessions, the requested additional 6 sessions exceed what is allowed by MTUS for this type of condition. The request IS NOT medically necessary.