

<b>Case Number:</b>	CM15-0107371		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 48 year old female who sustained an industrial injury on 02/24/10. Initial complaints and diagnoses are not available. Treatments to date include medications, stretches, and exercises. Diagnostic studies include a MRI of the cervical spine on 06/07/10, which was not available for review. Current complaints include neck and low back pain. Current diagnoses include cervical disc protrusion and cervicgia. In a progress note dated 10/28/14, the treating provider reports the plan of care as a new a MRI of the cervical spine, physical therapy to the cervical spine, and continued Motrin for pain management. The requested treatment includes physical therapy for 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 & Lumbar spine, 3 times wkly for 4 wks, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back; Neck & Upper Back.

**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 section, Neck section; Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy cervical and lumbar spine three times per week times four weeks (12 sessions) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical disc protrusion and cervicgia. The request for authorization is dated April 30, 2015. The medical record contains 11 pages. There is no documentation from the requesting physician in the medical record with the clinical indication or rationale for additional physical therapy to the cervical and lumbar spine. Utilization review indicates there was a peer-to-peer conference call to the physician assistant. The PA was unable to identify any neurologic deficit or any recent flare of neck and back pain. Utilization review indicates the injured worker received 24 physical therapy sessions since February 2015. There was no documentation demonstrating objective functional improvement. There were no compelling clinical facts indicating additional physical therapy over and above the recommended guidelines was indicated. Consequently, absent clinical documentation with a clinical indication and rationale from the treating provider, compelling clinical facts indicating additional physical therapy over the recommended guidelines as indicated and evidence of objective functional improvement with prior physical therapy, physical therapy cervical and lumbar spine three times per week times four weeks (12 sessions) is not medically necessary.