

<b>Case Number:</b>	CM15-0176447		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	07/02/2015
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old male with a date of injury of July 2, 2015. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine sprain and strain, lumbar spine sprain and strain, and thoracic spine sprain and strain. Medical records dated July 6, 2015 indicate that the injured worker complains of neck and lumbar spine pain. A progress note dated August 13, 2015 notes subjective complaints of back still painful. Per the treating physician (August 6, 2015), the employee has returned to work. The physical exam dated July 6, 2015 reveals full range of motion of the cervical spine, tenderness to palpation over the C1-6 paraspinal muscles, tenderness to palpation of the L1-L5 paraspinal muscles, and a normal gait. The progress note dated August 13, 2015 documented a physical examination that showed no changes from the examination on July 6, 2015. Treatment has included medications (Naproxen since at least July of 2015). The original utilization review (August 21, 2015) non-certified a request for nine sessions of initial physical therapy for the cervical and lumbar spine and six additional sessions of physical therapy for the cervical and lumbar spine, and partially certified a request for three chiropractic treatments for the cervical and lumbar spine (original request for six sessions).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical therapy 2xwk x 3 wks Cervical and lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Physical therapy - Cervicalgia (neck pain), Lumbar sprains and strains.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy (2) Neck and Upper Back (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in July 2015 and is being treated for neck and low back pain after slipping on water. He was seen for days after injury. Physical examination findings included full cervical range of motion with paraspinal muscle tenderness. There was lumbar paraspinal muscle tenderness. He was diagnosed with a lumbar contusion in sprain/strain of the cervical and lumbar spine. He was referred for chiropractic treatments and for physical therapy. On 08/13/15 his condition was unchanged. He had participated in physical therapy treatments and his condition and physical examination findings were unchanged. Additional physical therapy was requested. In terms of physical therapy for a sprain of the neck or back, guidelines recommend up to 10 treatment sessions over 5 weeks and, when this request was made, the claimant had already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize a home exercise program. The request was not medically necessary.

**Initial physical therapy 3xwk x 3wks Cervical and lumbar spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back - Physical therapy - Cervicalgia (neck pain), Lumbar sprains and strains.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Chou R, Huffman LH; American Pain Society; American College of Physicians. Nonpharmacologic therapies for acute and chronic low back pain: a review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. Ann Intern Med. 2007 Oct 2; 147(7): 492-504.

**Decision rationale:** The claimant sustained a work injury in July 2015 and is being treated for neck and low back pain after slipping on water. He was seen for days after injury. Physical examination findings included full cervical range of motion with paraspinal muscle tenderness. There was lumbar paraspinal muscle tenderness. He was diagnosed with a lumbar contusion in sprain/strain of the cervical and lumbar spine. He was referred for chiropractic treatments and for physical therapy. In this case, requests for physical therapy and for chiropractic treatments were made 4 days after injury. Guidelines suggest a delay for 2-4 weeks to allow for spontaneous recovery before considering a referral for therapy. In this case, the claimant's injury was less than one week before the request was made. This request for treatment before allowing for a reasonable period of natural recovery was not medically necessary.

**Initial chiropractic 3xwk x 3wks Cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chiropractic guidelines - Therapeutic care.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Chou R, Huffman LH; American Pain Society; American College of Physicians. Nonpharmacologic therapies for acute and chronic low back pain: a review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. Ann Intern Med. 2007 Oct 2; 147(7): 492-504.

**Decision rationale:** The claimant sustained a work injury in July 2015 and is being treated for neck and low back pain after slipping on water. He was seen for days after injury. Physical examination findings included full cervical range of motion with paraspinal muscle tenderness. There was lumbar paraspinal muscle tenderness. He was diagnosed with a lumbar contusion in sprain/strain of the cervical and lumbar spine. He was referred for chiropractic treatments and for physical therapy. In this case, requests for physical therapy and for chiropractic treatments were made 4 days after injury. Guidelines suggest a delay for 2-4 weeks to allow for spontaneous recovery before considering a referral for therapy. In this case, the claimant's injury was less than one week before the request was made. This request for treatment before allowing for a reasonable period of natural recovery was not medically necessary.