

<b>Case Number:</b>	CM14-0146808		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 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:

This injured worker is a 49-year-old with a reported date of injury of January 7, 2013. Mechanism of injury reported as repetitive keyboarding and use of the phone, while performing the regular duties of her occupation as a claim representative, resulting in severe neck pain. Diagnosis of displacement of lumbar intervertebral disc without myelopathy (██████). Initial comprehensive medical evaluation, dated September 13, 2013, indicates a prior injury to the lumbar spine. The treating physician recommended physical therapy for the cervical and lumbar spine two times a week for four weeks, acupuncture treatment two times a week for three weeks, x-rays of the cervical and lumbar spine, electromyography (EMG) and nerve conduction velocity (NCV) test of the upper and lower extremities and orthopedic evaluation. Primary treating physician progress report, dated May 13, 2014, indicates work status to continue off work until June 17, 2014. No clinical documentation for a June office visit found in documentation provided. No clinical documentation requesting additional physical therapy found in provided documentation. Utilization Review report, dated August 21, 2014, indicates the injured worker had spinal tenderness to palpation and some decrease in spinal range of motion are noted in the June 2014 notes. The report also states there is no indication of the injured worker having extensive physical therapy found in notes, but in a July 29, 2014 note it reports that physical therapy is helping although the injured worker is still having pain radiating down her leg. Prior utilization review denied request for additional physical therapy two times a week for four weeks for the cervical and lumbar spine quantity 8.00 on August 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for the cervical and lumbar spine, two times a week for four weeks,:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, neck

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9 visits over 8 weeks intervertebral disc disorders of the cervical/lumbar spine without myelopathy, 10 visits over 8 weeks for Lumbar sprains and strains, or Lumbago / Backache. The Chronic Pain Medical Treatment Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the records indicate that the injured worker has had physical therapy recently; however, there are no progress notes documenting any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) to demonstrate the effectiveness of physical therapy in this injured worker. Furthermore, there is no mention of the patient utilizing an home exercise program (HEP). At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. There is no evidence of presentation of an acute or new injury with significant findings on examination to warrant any treatments. Additionally, the request for physiotherapy would exceed the guidelines recommendation. Therefore, the request for additional physical therapy for the cervical and lumbar spine, two times a week for four weeks, is not medically necessary or appropriate.