

<b>Case Number:</b>	CM14-0207526		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/17/2009
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: Emergency 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 39 a year old, male who sustained a work related injury on 8-17-09. A review of the medical records shows he is being treated for neck and low back pain. In the progress notes dated 10-14-14 and the History and Physical dated 11-3-14, the injured worker reports neck and low back pain. His neck pain radiates down the right arm. He reports his pain level as 6-7 out of 10 at worst. He reports low back pain with pain down the right leg. On physical exam dated 11-3-15, he has full range of motion in neck with pain with rotation to right and left. He has full range of motion in lumbar spine with pain on extension. Treatments have included chiropractic treatments-unknown number of sessions and physical therapy-unknown number of sessions. Current medications include-not listed. He is not working. The treatment plan includes MRIs of cervical, thoracic and lumbar spine. In the Utilization Review dated 11- 24-14, the requested treatment of physical therapy 18 sessions to cervical and lumbar spine is modified to 8 sessions of physical therapy for the lumbar spine and no sessions to the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eighteen (18) sessions of physical therapy for the 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 American College Occupational Environmental Medicine (ACOEM) 2012, Cervical and Lumbar Spine: Physical Therapy (PT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** As per MTUS Chronic pain guidelines, physical therapy is recommended for many situations with evidence showing improvement in function and pain. Guidelines also recommend only up to 10 PT sessions for the diagnosis listed. This request alone exceeds the guidelines maximum recommended PT sessions. 18 sessions of physical therapy is not medically necessary.