

<b>Case Number:</b>	CM14-0159099		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Occupational Medicine 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:

Patient is a 48 year-old male with date of injury 05/25/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/29/2014, lists subjective complaints as pain in the neck, mid and low back. MRI performed of the cervical spine performed on 07/09/2014 was notable for disc desiccation at C2-3 down to C6-7 and mild stenosis of the spinal canal. Objective findings: Examination of the cervical, thoracic and lumbar spine revealed tenderness to palpation of the paravertebral muscles and decreased range of motion in all planes due to pain. Deep tendon reflexes of the lower extremities were diminished on the right, decreased sensation of the L3-S1 dermatomes on the right. Diagnosis: cervical spine strain/sprain, cervical radiculitis, right shoulder strain/sprain, right shoulder tendinitis, right wrist strain/sprain, right wrist tenosynovitis, sprain/strain, thoracic, sprain/strain, lumbar, lumbar radiculopathy, sciatic neuritis, sprain/strain, lumbosacral, chronic myalgia, myofasciitis, and myositis; cervical, thoracic, lumbar and sacral paravertebral musculature.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 x week x 6 weeks cervical, thoracic, lumbar QTY: 12: 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 (ODG); Neck & Upper Back and Lumbar & Thoracic, Physical Therapy

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

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. The request is for greater than the number of visits necessary for a trial to show evidence of objective functional improvement prior to authorizing more treatments. Physical therapy 2 xs per week x 6 weeks, cervical, thoracic, lumbar quantity 12 is not medically necessary.