

<b>Case Number:</b>	CM14-0081500		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 29-year-old female with date of injury of 08/01/2013. The listed diagnoses per [REDACTED] dated 05/06/2014 are cervical sprain/strain, lumbar sprain/strain, thoracic sprain/strain, myofasciitis cervical, thoracic and lumbar, and psyche diagnosis. According to this report, the patient complained of neck pain that is intermittent. She rates her pain 7/10 to 10/10. She also has low back pain daily that is intermittent and rates at 7/10 to 8/10. The pain extends to both legs. The patient also reports middle back pain that is intermittent and rates it 4/10 and has occasional spasms in the mid back and torso area. There is tingling in the fingers 3, 4 and 5 on both hands when she wakes up. Left arm tingles from the elbow to the hand. The examination of the cervical spine shows compression produces neck pain when the head is compressed in the neutral, flexion, and extension positions. Tenderness was present when palpating over the spinous process from C1 to C7 and the associated paracervical musculature bilaterally. The patient complained of pain on extension and slight pain on flexion on the left and right of the dorsal lumbar spine. Kemp's test was positive bilaterally for lower back pain. Milgram's test was positive for lower back pain. Straight leg raise test was positive bilaterally at 60 degrees for low back pain. Tenderness was present when palpating over the spinous process from T1 to L5 and the associated paraspinal musculature bilaterally. Deep tendon reflexes are 2+ and were equal bilaterally for both upper and lower extremities. The utilization review denied the request on 5/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy/Thoracic/Cervical/Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This patient presents with neck, low back, and mid back pain. The provider is requesting physical therapy to the thoracic, cervical, and lumbar spine and the request appears to be for an additional 12 sessions. The MTUS Guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any recent or prior physical therapy reports to verify how many treatments the patient received and what the results were. However, the progress report dated 05/06/2014 states that the patient has completed 12 physical therapy sessions with some benefit. The provider has asked for additional 12 sessions but does not explain the reason other than the patient's subjective pain and does not explain why the patient is not able to transition into a home exercise program rather than relying on formalized therapy. MTUS does not recommend more than 9-10 sessions of therapy for the type of condition this patient has. The request for physical therapy/thoracic/cervical/lumbar spine is deemed to be not medically necessary.