

<b>Case Number:</b>	CM13-0056401		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/23/2013
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 & 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:

The patient is a 69-year-old female who has submitted a claim for chronic cervical sprain/strain and lumbar spine sprain/strain associated with an industrial injury date of February 23, 2013. Medical records from 2013 were reviewed. The patient complained of persistent low back pain and neck pain radiating to the right upper extremity associated with numbness. She reported beneficial effects from attending physical therapy. Physical examination showed tenderness over paracervical muscles. Motor strength and sensory were intact. The MRI of the lumbar spine, undated, showed L4 to L5 stenoses. The MRI of the cervical spine, undated, showed foramina stenosis at C4 to C5, C5 to C6 right greater than left, and C6 to C7 right greater than left. Treatment to date has included medications and 22 physical therapy sessions. The request for additional therapy sessions is to improve core muscle strength. The utilization review from November 7, 2013 denied the request for physical therapy 3 times a week for 6 weeks to the cervical and lumbar spine because of no evidence of objective functional improvement from previous therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 Times a Week For 6 Weeks to the Cervical and Lumbar Spine:** Upheld

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

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient has completed 22 sessions of physical therapy. She reported beneficial effects from therapy visits. The patient complained of persistent low back pain and neck pain radiating to the right upper extremity associated with numbness. Physical examination showed tenderness over paracervical muscles. Motor strength and sensory were intact. The request for additional therapy sessions is to improve core muscle strength. However, there is no objective evidence of overall pain improvement and functional gains derived from the treatment. Given the extensive number of therapy sessions completed, it is unclear why patient is still not versed to home exercise program to address the residual deficits. Therefore, the request for physical therapy 3 times a week for 6 weeks to the cervical and lumbar spine is not medically necessary.