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| <b>Case Number:</b>   | CM14-0208786 |                              |            |
| <b>Date Assigned:</b> | 12/22/2014   | <b>Date of Injury:</b>       | 07/29/2014 |
| <b>Decision Date:</b> | 02/13/2015   | <b>UR Denial Date:</b>       | 11/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/12/2014 |

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 27 year old female who was injured at work on 07/29/2014. She is stated to have been involved in a car crash on their way to an appointment. The office visit note of 11/11/14 reported the complained of back pain. The physical examination revealed limited range of motion of the cervical spine, palpable tenderness and spasms of the cervical paraspinal; decreased sensations of the bilateral C7 dermatomes; limited range of motion of the lumbar spine, positive bilateral straight leg raise. The worker has been diagnosed of retinal hemorrhage, cervical radiculopathy, and Lumbar sprain strain. Treatments have included physical therapy. At dispute is the request for Physical therapy 3 x 4 for the neck and back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 4 for the neck and back:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 07/24/14. The medical records provided indicate the diagnosis of retinal hemorrhage, cervical radiculopathy,

and Lumbar sprain strain. Treatments have included physical therapy. The medical records provided for review do not indicate a medical necessity for Physical therapy 3 x 4 for the neck and back. The records indicate she is being treated with physical therapy, but records did not indicate the number of visits she has had. The MTUS recommends a fading of treatment frequency from up to 3 visits per week to 1 or less, and self-directed home Physical Medicine. Therefore, the requested treatment is not medically necessary.