

<b>Case Number:</b>	CM15-0105515		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/05/2012
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Preventive Medicine, Occupational 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 a 35-year-old female, who sustained an industrial injury on 3/05/2012. Diagnoses include cervical disc displacement without myelopathy, sprain strain thoracic region and sprain/strain lumbar region. Treatment to date has included physical therapy, massage therapy and topical medications including Diclofenac cream and Capsaicin. Per the Primary Treating Physician's Progress Report dated 5/13/2015, the injured worker reported neck and back pain. She has completed 6/6 sessions of physical therapy and states that pain is better with physical therapy. Physical examination revealed spasm and guarding of the lumbar spine. The plan of care included additional physical therapy and authorization was requested for 12 additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy; 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has recently completed 12 sessions of physical therapy, which provided pain relief and an increase in function. This is a request for 12 additional sessions. At this point, the injured worker should be able to continue with a self-directed home exercise program. The request for physical therapy; 12 sessions is not medically necessary.