

<b>Case Number:</b>	CM15-0144157		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 46 year old male patient who sustained an industrial injury on September 23, 2011. The injured worker was employed as a landscaper and the accident was described as while pulling hoses on an embankment with a co-worker the co-worker let go of one end of the hose causing the injured worker to fall down an embankment with resulting injury. He experienced immediate headache, neck, upper and lower back pains. A recent primary treating office visit dated April 07, 2015 reported the patient with subjective complaint of constant severe neck aches, sore, tight and burning along with constant severe low backaches and constant severe headaches, right knee aches. In addition, he is with hopelessness and despair regarding this chronic situation. The patient underwent neurological evaluation on July 28, 2014. The treating diagnoses were cervical sprain and strain rule out intervertebral disc; lumbar strain and sprain; post traumatic cephalgia. The plan of care noted prescribing magnetic resonance imaging study of both cervical and lumbar spine; referred to pain management; prescribed a course of physical therapy, utilize a transcutaneous nerve stimulator unit, walking advised and remain temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for physical therapy treatment to the cervical and lumbar spine, quantity: 15 sessions, date of service 05/30/12 to 07/02/12: 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 Pages 98-99.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The current request exceeds the recommended amount of visits (9-10) per guidelines. According to the clinical documentation provided and current MTUS guidelines; 15 Physical therapy sessions, as written above, is NOT medically necessary to the patient at this time.