

<b>Case Number:</b>	CM15-0160623		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/20/2015
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female who sustained an industrial injury on 5-20-2015. She accidentally slipped and fell backwards landing on her back. She has reported injury to the head, neck, and lower back and has been diagnosed with cervicgia, unspecified myalgia-myositis, and lumbago. There was tenderness to palpation in the midline of the cervical spine. There was tenderness in the cervical paraspinal muscle and trapezius muscle. There was tenderness in the lumbar spine at the midline and paraspinal area. Straight leg raise was positive bilaterally. Facet loading test was positive bilaterally. The treatment plan included MRI, medications, and physical therapy. The treatment request included physical therapy for the cervical spine 3 x a week for 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation and treatment to the cervical spine 3 times a week for 4 weeks:**  
 Upheld

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

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

**Decision rationale:** The patient presents with injury to the head, neck, and lower back, and has been diagnosed with cervicalgia, unspecified myalgia-myositis, and lumbago. The current request is for Physical Therapy evaluation and treatment to the cervical spine 3 times a week for 4 weeks. The utilization review report dated 08/11/15 modified the original request to certify 10 PT sessions. (5A) The patient has not undergone any previous surgery. The patient denied an MRI of the C/L spine. The 05/26/15 X-ray findings of the C-Spine are negative for fracture. No soft tissue swelling is noted on the X-Ray. X-Ray is negative for a foreign body. (19B) The treating physician states, in a report dated 07/13/15, "refer to pt for cervicla paraspinal and trapezious myofacial pain and stiffness." (8B) The MTUS guidelines allow 8-10 physical therapy visits for the treatment of myalgia and neuritis type conditions. In this case, the treating physician has prescribed treatment outside of the guidelines and the patient is not post-surgical. The current request is not medically necessary.