

<b>Case Number:</b>	CM15-0163157		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/26/2015
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 28 year old male who sustained an industrial injury on 2-26-15. The injured worker reported right sided back pain with radiation to the right buttock. A review of the medical records indicates that the injured worker is undergoing treatments for cervical strain and lumbar strain. Medical records dated 5-18-15 indicate "aching pain in the neck". Provider documentation dated 5-18-15 noted the work status as temporary totally disabled. Treatment has included magnetic resonance imaging, computed tomography, radiographic studies (4-19-15), Relafen since at least May of 2015, Prilosec since at least May of 2015 and Terocin patches since at least May of 2015, physical therapy, and acupuncture treatment. Objective findings dated 5-18-15 were notable for neck with "no localized tenderness, but there is a slight paracervical spasm identified. Mobility of the neck was near normal." Tenderness of right paralumbar and right sciatic outlet. The original utilization review (8-14-15) denied a request for Physical therapy 2x3 to lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3 to lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), physical therapy (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in February 2015 when he was struck by a vehicle while riding a motorcycle. He sustained injuries to the right ankle, neck, and back. As of 04/23/15 he had completed seven physical therapy treatments for a cervical and lumbar strain with lumbar radiculopathy. When seen, he had attended additional physical therapy and had one more treatment pending. He was having intermittent midline low back pain and upper back and neck pain. Physical examination findings included normal reflexes without motor deficit. An additional six physical therapy treatments and six acupuncture treatments were requested. Temporary total disability was continued. In terms of physical therapy for a cervical strain, this condition, 9 treatment sessions over 8 weeks and up to 12 treatments over 8 weeks for lumbosacral radiculitis. Partial concurrent treatment would be expected. In this case, the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.