

<b>Case Number:</b>	CM15-0167480		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	02/17/2015
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 24 year old male, who sustained an industrial injury on 2-17-2015. The mechanism of injury was a physical altercation with a coworker. The injured worker was diagnosed as having cervical myospasm, cervical radiculopathy, cervical sprain-strain, thoracic myospasm and thoracic sprain-strain. Radiology studies were not provided. Treatment to date has included 1 chiropractic visits, 4 acupuncture visits, 15 physical therapy visits and medication management. A recent progress report dated 7-2-2015, reported the injured worker complained of head pain rated 5-6 out of 10, mild dull neck pain and mild sharp upper back pain. Physical examination revealed cervical decreased, painful range of motion and thoracic tenderness, spasm and painful range of motion. The physician is requesting Physical therapy 2 times per week for 3 weeks cervical spine and lumbar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times per week for 3 weeks cervical spine and lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy, Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times three weeks to the cervical spine, lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical myospasm; cervical radiculopathy; cervical sprain strain; thoracic myospasm; and thoracic sprain strain. Date of injury is February 17, 2015. Request for authorization is July 13, 2015. According to a July 2, 2015 progress note, subjectively the injured worker complains of head pain and pain in the cervical and thoracic spine. The injured worker had an open reduction internal fixation on June 10, 2015 to repair a nasal septal fracture. Objectively, there is tenderness to palpation with decreased range of motion at the cervical and thoracic spine. The documentation states the injured worker received 15 physical therapy sessions. There is no documentation demonstrating objective optional improvement. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is indicated, physical therapy two times per week times three weeks to the cervical spine, lumbar spine is not medically necessary.