

<b>Case Number:</b>	CM15-0206217		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/21/2015
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 29 year old female, who sustained an industrial injury on 8-21-15. The injured worker is diagnosed with cervical, thoracic and lumbar sprain-strain. Her work status is modified duty. Notes dated 9-21-15 and 10-1-15 reveals the injured worker presented with complaints of intermittent, sharp and moderate to severe neck pain that radiates to her left shoulder and increases when she turns her head to the left. She reports sharp, moderate to severe and intermittent low back pain that radiates to her left thigh accompanied by numbness and tingling in her left leg. A physical examination dated 10-1-15 revealed an altered gait due to pain. The neck revealed no tenderness or spasms. She is unable to bring her chin to her chest or to her shoulders bilaterally and there is limited neck range of motion. The back examination reveals no tenderness or spasm. The lumbar spine range of motion is limited and the straight leg raise caused back pain. The injured worker points to her entire neck and back as the location of her pain. Treatment to date has included medication and chiropractic care; physical therapy (6 sessions) decreased pain and increased functional ability per note dated 9-25-15. A note dated 10-1-15 states physical therapy provided temporary relief. Diagnostic studies include x-rays. A request for authorization dated for 6 physical therapy sessions for the neck and back (3x2) is modified to 4 sessions, per Utilization Review letter dated 10-9-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) physical therapy session for the neck and back (3x2): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The patient presents with pain affecting the cervical, thoracic and lumbar spine. The current request is for Six (6) physical therapy sessions for the neck and back (3X2). The treating physician report dated 10/1/15 (64B) states, "Authorization is requested for physical therapy three times per week for two weeks to her neck and back." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 6 sessions of physical therapy for the back previously (53B). The patient's status is not post-surgical. In this case, the patient has received at least 6 sessions of physical therapy to date and therefore the current request of 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.