

<b>Case Number:</b>	CM15-0207968		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/01/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 28 year old male, who sustained an industrial injury on 7-1-2014. The injured worker was being treated for neck and low back pain. The injured worker (8-4-2015 and 9-14-2015) reported ongoing right shoulder pain. The injured worker did not report neck or low back pain. The physical exam (8-4-2015) revealed limited cervical range of motion due to pain and tenderness over the cervical 4 to cervical 7 paraspinal muscles. The physical exam (9-14-2015) revealed limited cervical range of motion due to pain and tenderness over the cervical 4 to cervical 7 paraspinal muscles. The treating physician noted limited lumbar flexion at 20 degrees due to pain and tenderness over the right lumbar 3 to lumbar 5 paraspinal muscles. The injured worker (10-13-2015) reported ongoing neck and right-sided low back pain. He reported previous physical therapy helped his neck pain a little. The physical exam (10-13-2015) revealed tenderness of the right trapezius, tenderness to palpation of the lumbar paraspinal muscles, and normal cervical and lumbar flexion, extension, rotation, and lateral flexion. Treatment has included physical therapy, chiropractic therapy, acupuncture, work restrictions, and medications including pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (9-9-2015 report), the injured worker was not working. On 10-18-2015, the requested treatments included 12 sessions of physical therapy for the neck and low back. On 10-21-2015, the original utilization review non-certified requests for 12 sessions of physical therapy for the neck and low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Neck and Low Back x 12 Sessions: 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:** MTUS Guidelines recommend from 8-10 total sessions of physical therapy as adequate for chronic musculoskeletal conditions/pain. This individual has had prior course(s) of physical therapy. A few sessions to renew education in independent exercises and self-protective behaviors may be reasonable, but the request for an additional 12 sessions significantly exceeds Guidelines without adequate justification for such an exception. The request for Physical Therapy for Neck and Low Back x 12 Sessions is not supported by Guidelines and is not medically necessary.