

<b>Case Number:</b>	CM15-0039474		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	03/19/2012
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, 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 48-year-old female, who sustained an industrial injury on March 19, 2012. She has reported neck pain and back pain. Diagnoses have included lumbar/lumbosacral degenerative disc disease, thoracic/lumbar degenerative disc disease, and cervical degenerative disc disease. Treatment to date has included medications and physical therapy. A progress note dated February 3, 2015 indicates a chief complaint of lower back pain and neck pain. The treating physician documented a plan of care that included medications and additional physical therapy, as both have been helpful in relieving the injured worker's symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy times ten sessions to the lumbar and cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

**Decision rationale:** The medical records indicate physical examination noting pain with no identified strength decrease or other deficit. MTUS supports PT for identified deficits with goals of therapy but the medical records do not identify goals of therapy and does not demonstrate why 10 visits would be needed. MTUS supports 8 visits and for a formal PT evaluation for cervical or lumbar strain. As such, the medical records do not support the necessity of the PT therapy congruent with MTUS guidelines.