

<b>Case Number:</b>	CM15-0045303		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 44 year old female, who sustained an industrial injury on June 30, 2014. She reported being jolted when there was a problem with an elevator she was on. The injured worker was diagnosed as having low back pain, 2 mm bulging disc at L4-5 and 3 mm bulging disc at L5-S1. Treatment to date has included diagnostic studies, physical therapy and medications. On February 9, 2015, the injured worker complained of upper and low back pain. Physical examination of the thoracic spine revealed range of motion of 60 degrees flexion and 10 degrees extension. Examination of the cervical spine revealed range of motion of 70 degrees flexion and 70 degrees extension. The treatment plan included physical therapy and anti-inflammatory medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy (cervical, thoracic): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The patient presents with pain affecting the upper and low back. The current request is for continued physical therapy (cervical, thoracic). The treating physician report dated 2/9/15 (7B) states, "the patient should have the availability of future care to include physical therapy, anti-inflammatory medications." 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. In this case, a quantity of PT visits to be received by the patient is not specified in the current request, therefore it is uncertain if the request will exceed the 8-10 sessions recommended by the MTUS. Furthermore, the MTUS guidelines do not support an open-ended request. Recommendation is for denial.