

<b>Case Number:</b>	CM15-0056823		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	01/25/2015
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 32 year old female, who sustained an industrial injury on January 25, 2015. She reported a slip and fall backwards onto her buttocks and back. The injured worker was diagnosed as having cervical spine sprain and lumbar spine sprain. Treatment to date has included diagnostic studies, exercises, thermacare heat packs, physical therapy and medications. On February 3, 2015, the injured worker complained of pain in her low back with radiation into the left leg to the left foot. She reported feeling worse and having a great deal of pain after sitting for a short period. She is also not sleeping very well. Physical examination revealed diffusely decreased range of motion of the cervical spine. The treatment plan included a request for an MRI of the lumbar spine and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times 6 sessions for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Neck & Upper Back Physical therapy (PT).

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

**Decision rationale:** The patient is a 32 year old female with a slip and fall injury on 01/25/2015. She has neck and back pain. She completed a course of physical therapy. The cervical range of motion is decreased. MTUS Chronic Pain guidelines limits the physical therapy visits to a maximum of 8 to 10 visits. She already completed a course of physical therapy and the requested additional 6 visits would exceed the maximum number of physical therapy visits allowed under the guideline. Also, by this point in time relative to the injury she should have been transitioned to a home exercise program and there is no documentation that continued formal physical therapy is superior to a home exercise program. Therefore, the requested treatment is not medically necessary.