

<b>Case Number:</b>	CM14-0110673		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 47 year old female whose date of injury is 09/12/12 when she slipped and fell while cleaning the restroom and landed on her back. She developed neck pain radiating to her arms, as well as thoracic spine pain with radiation down her posterior right leg. The injured worker has been treated with medications, TENS unit, and physical therapy. The injured worker was seen on 07/31/14. Objective findings reported the injured worker to have unrestricted range of motion of the cervical spine, with no complaints of pain during cervical spine motion maneuvers. There is no evidence of radiating pain to the upper extremities on cervical motion. There is mild tenderness to palpation over the bilateral trapezia, flexor digitorum, superficial flexor carpi radialis. Spurling's maneuver is negative; impingement sign is negative. There is full range of motion throughout the bilateral upper extremities. There are no sensory abnormalities in all dermatomes in the bilateral upper extremities. Motor strength is 5/5 throughout the bilateral upper extremities. Deep tendon reflexes are 2+ at the bilateral biceps, triceps and brachioradialis. Examination of the lumbosacral spine revealed gait with limping on the right side; unable to walk on tip toes and heels due to chronic tilt. Lumbar spine range of motion is restricted with 75% of flexion, 50% extension, 75% lateral bending and rotation. There is no tenderness to palpation. Straight leg raise is negative bilaterally. Motor strength is 5/5 in the bilateral lower extremities, and there are no sensory abnormalities in all dermatomes in the bilateral lower extremities. Deep tendon reflexes were 2+ at the bilateral knees and ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 X 4 for the low back and neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back; Neck and Upper Back Physical therapy (PT)

**Decision rationale:** Current evidence-based guidelines support the use of physical therapy with active modalities preferred over passive modalities. Patients are instructed in and transitioned to home exercise programs. The injured worker in this case has participated in a course of physical therapy. She has no current findings of significant motor strength deficits or other physical examination findings that would support the need for additional formal supervised therapy. No exceptional factors were identified that would warrant additional physical therapy visits that exceed treatment guidelines. Nothing more than a home exercise program is indicated at this time. Based on the clinical information provided, the request for Physical Therapy 2 X 4 for the low back and neck is not medically necessary.