

<b>Case Number:</b>	CM14-0092170		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44-year-old female with an injury date of 08/26/1998. Based on the 05/02/2014 progress report, the patient complains of neck pain and lower back pain. Her neck pain travels to her cervical spine, and she rates her pain as a 5- 6/10. In regards to the lower back, she rates her pain as a 7/10, has numbness/tingling and has decreased energy levels. Palpation reveals slight spinal tenderness, muscle guarding and spasms radiating to both upper extremities bilaterally. The Foraminal Compression Test is positive on both sides and the range of motion of the cervical spine is decreased. In regards to the lumbar spine, Kemp's test/facet is positive on both sides, and the patient also has a Straight Leg Raise tested positive on the right and on the left. The patient's diagnoses include the following: Cervical sprain, lumbar sprain, left piriformis release on 01/06/2006 and lumbar spine 5-mm disk bulge at L5-S1. The two treatment reports were provided from 03/21/2014 and 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy to the Cervical Spine # 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** Based on the 05/02/2014 progress report, the patient presents with pain in her neck and lower back. The request is for physical therapy to the cervical spine #12. The 04/23/2014 physical therapy report indicates that the patient has completed 6 sessions of physical therapy at this point. The 05/02/2014 progress report requests for a total of 12 sessions physical therapy for both the cervical and lumbar spine. There is no indication if the patient has improved with the physical therapy sessions she has already had. The guidelines pages 98 and 99 state for myalgia and myositis, 9 to 10 visits are commended over 8 weeks and for neuralgia, neuritis and radiculitis, 8 to 10 visits are recommended. In this case, the provider has requested for a total of 12 sessions in addition to the 8 sessions the patient has already had which exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

**Physical Therapy to the Lumbar spine # 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 98-99.

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

**Decision rationale:** Based on the 05/02/2014 progress report, the patient presents with pain in her neck and lower back. The request is for physical therapy to the cervical spine #12. The 04/23/2014 physical therapy report indicates that the patient has completed 6 sessions of physical therapy at this point. The 05/02/2014 progress report requests for a total of 12 sessions physical therapy for both the cervical and lumbar spine. There is no indication if the patient has improved with the physical therapy sessions she has already had. The guidelines pages 98 and 99 state for myalgia and myositis, 9 to 10 visits are commended over 8 weeks and for neuralgia, neuritis and radiculitis, 8 to 10 visits are recommended. In this case, the provider has requested for a total of 12 sessions in addition to the 8 sessions the patient has already had which exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.