

<b>Case Number:</b>	CM15-0013556		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 35- year old female, who sustained an industrial injury on September 3, 2014. The diagnoses have included pre-existing sciatica, cervical sprain/strain, upper back sprain/strain and lumbar spine sprain/strain, cervical myofascial pain greater on the left than the right and thoracic strain. Treatment to date has included pain medication with both oral and topical applications, trigger point injections, acupuncture therapy, rest, ice/heat therapy, a job functional capacity evaluation, physical therapy and routine follow up. Currently, the injured worker complains neck and middle/ low back pain. There was decreased range of motion of the cervical and lumbar spine. Palpable tenderness over the splenius capitus and upper trapezius muscles with trigger point. There was normal muscle strength in the upper and lower extremities. A magnetic resonance imaging of the cervical spine dated December 15, 2014 showed a posterior disc bulge and hypertonic degenerative changes at the C5-C6 and mild-moderate right neuroforaminal narrowing at the C4-C5 related to hypertonic and disc changes. On January 15, 2015, the Utilization Review decision non-certified a request for additional physical therapy two times per week for three weeks to the neck, upper and lower back, noting the ODG guidelines recommend physical therapy for the neck and back are nine visits over eight weeks and ten visits over eight weeks for the low back. The worker had already completed twelve sessions and the documentation did not provide evidence of functional gains associated with the prior therapy. The ODG was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of additional physical therapy two times per week for three weeks to the neck, upper and lower back.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, 2 Times Weekly For 3 Weeks, Neck, Upper Back And Low Back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back - Lumbar & Thoracic (Acute & Chronic) Physical therapy (PT)

**Decision rationale:** The injured worker sustained a work related injury on September 3, 2014 . The medical records provided indicate the diagnosis of pre-existing sciatica, cervical sprain/strain, upper back sprain/strain and lumbar spine sprain/strain, cervical myofascial pain greater on the left than the right and thoracic strain. Treatment to date has included pain medication with both oral and topical applications, trigger point injections, acupuncture therapy, rest, ice/heat therapy, a job functional capacity evaluation, physical therapy and routine follow up. The medical records provided for review do not indicate a medical necessity for Additional Physical Therapy, 2 Times Weekly For 3 Weeks, Neck, Upper Back And Low Back. The records indicate she was approved for 12 visits, she had completed 10 sessions, but had plateaued. The MTUS recommends if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. Therefore, considering this injured worker has received 10 physical therapy visits, the maximum number of physical therapy visits recommended by the Official Disability Guidelines for Cervical and Lumbar sprains and strains , there is need to reevaluate and use other modalities.