

<b>Case Number:</b>	CM15-0114270		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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

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:

This is a 48 year old female with a January 8, 2015 date of injury. Current diagnoses (cervical spine sprain/strain, rule out disc herniation; cervical radiculopathy; lumbosacral sprain/strain, rule out disc herniation; lumbar radiculopathy; myalgia). Treatments to date have included chiropractic treatment, physical therapy, and medications. A progress note dated May 7, 2015 documents subjective complaints (pain in the cervical spine radiating to the left arm; numbness and tingling in the left hand; weakness with left hand grip; pain in the lower back radiating to the left lower extremity; numbness and tingling in the left foot; radiation of pain to the tailbone with numbness and tingling; pain rated at a level of 8/10), objective findings (marked tenderness to palpation over the left paracervical muscles and left upper trapezius muscle; mild to moderate tenderness to palpation over the right paracervical muscles and right upper trapezius muscle; palpable trigger point on the left side; decreased range of motion of the cervical spine; decreased sensation of the left C6 and C7 dermatome; decreased deep tendon reflexes of the left upper extremity; tenderness to palpation to a moderate degree of the bilateral paralumbar muscles, left more than right; decreased range of motion of the lumbar spine; positive straight leg raise on the left; decreased sensation in the left L5 dermatome; decreased motor strength of the left lower extremity; decreased deep tendon reflexes of the left lower extremity). The medical record indicates that imaging of the lumbar spine and cervical spine was pending, and that the injured worker reported that physical therapy was more effective than chiropractic treatment. The treating physician documented a plan of care that included physical therapy for the upper back, lower back, and cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to upper and lower back and cervical two (2) times a week for three (3) weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Neck and Upper Back, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with clinical findings to support for formal PT, therapy visits is medically appropriate to allow for relief and re-instruction on a home exercise program for this chronic injury. Guidelines allow for 8-10 visits of occupational therapy with fading of treatment to an independent self-directed home program. Submitted reports have adequately demonstrated the indication to support the therapy to allow for maximal functional benefit and recovery. Medical necessity has been established. The Physical therapy to upper and lower back and cervical two (2) times a week for three (3) weeks is medically necessary and appropriate.