

<b>Case Number:</b>	CM15-0116116		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/17/2015
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Indiana, Michigan, California  
Certification(s)/Specialty: Family Practice

### 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 39 y/o female who fell at work on 1/17/2015 & experienced neck, low back & extremity pain. Treatment included 12 physical therapy sessions & medication. Radiologic testing included x-rays of the right tibia & fibula on 1/18/2015, which were normal, MRI of the cervical spine revealing 3mm disc protrusions at C3-4, C5-6 and an MRI of the lumbar spine revealing a 2 mm disc protrusion at L4-5 and a 3 mm disc protrusion at L5-S1. Diagnoses include lumbosacral sprain/strain, displacement of cervical and lumbar discs, contusion of back and lower leg. Authorization is requested for an additional 12 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 x week x 4 weeks Cervical and Lumbar: 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.

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

**Decision rationale:** The request for an additional 12 physical therapy visits is not medically necessary. Current MTUS guidelines do not allow for greater than 10 visits for myalgia, myositis, neuralgia, neuritis and radiculitis. Physical medicine guidelines specify "for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active home Physical Medicine." The injured worker has already completed 12 physical therapy sessions and thus has exceeded current guidelines.