

Case Number:	CM15-0122708		
Date Assigned:	07/07/2015	Date of Injury:	02/15/2015
Decision Date:	08/06/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/25/2015

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, North Carolina
 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 55 year old female with an industrial injury dated 02/15/2015. The mechanism of injury is documented as occurring while lifting heavy television sets causing mid and upper back pain as well as neck pain. Her diagnoses included cervical sprain/strain and thoracic sprain/strain. Comorbid condition was hypercholesterolemia. Prior treatment included diagnostics, anti-inflammatory and analgesic medications, physical therapy and acupuncture. She was on modified duty consisting of a 10 pound lifting restriction and no overhead use of the arms as well as any repetitive bending or stooping. In the provider note dated 05/07/2015 documentation notes the injured worker had 80% overall improvement since date of injury 81 days ago. The injured worker had self-stopped medications the week prior (due to upset stomach) and had completed 12/12 physical therapy visits and 3 acupuncture visits. She presented on 05/15/2015 with complaints of persistent pain in mid and upper back regions as well as her neck. She states the pain is made worse with any repetitive neck movements or repetitive bending or lifting activities. She denies numbness or tingling in upper or lower extremities. Physical examination revealed diffuse tenderness to palpation in the cervical and thoracic musculature. There was moderate paraspinous muscle spasm present in the cervical and trapezial musculature and mild paraspinous muscle spasm present in the thoracic spine. Range of motion was painful in the cervical and thoracic spine. Distal motor, sensory and circulatory function is intact in both upper and both lower extremities. The provider documents that x-rays of the cervical and thoracic spine revealed some mild degenerative changes but otherwise negative. Her medications are listed as Naprosyn and Flexeril. Treatment plan included physical

therapy to the cervical and thoracic spine, oral steroid and modified duty. The treatment request is for additional physical therapy to cervical and thoracic, 2 times weekly for 3 weeks, 6 sessions (outpatient).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to Cervical & Thoracic, 2 times wkly for 3 wks, 6 sessions, Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 is for additional PT to the cervical and thoracic spine, 6 sessions. The DOI was 2/15 2015. The patient has had 9 PT visits with the last three approve on 6/15/2015. The medical records submitted do not reveal the results of previous PT. The patient should have been instructed in a home exercise program. At this time, there is insufficient documentation or rationale for additional PT sessions. The office visit on 5/15/2015 notes complaints of persistent pain in the mid and upper back despite PT treatments without evidence of functional improvement or pain relief. Therefore this request is deemed not medically necessary.