

<b>Case Number:</b>	CM15-0129354		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/05/2015
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: 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 64 year old female with an industrial injury dated 03/05/2015. The injured worker's diagnoses include spinal stenosis of the cervical region, lumbar disc degeneration, lumbar muscle strain and cervical spine strain. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06/03/2015, the injured worker reported back, neck, shoulder and knee injury. Objective findings revealed mild to moderate distress, stiff gait, moderate tenderness to the bilateral cervical paraspinals and bilateral upper trapezius/levator scapula with limited range of motion. Low back exam revealed moderate tenderness with spasms to the bilateral lumbar paraspinals and limited lumbar range of motion due to pain. The treating physician prescribed services for physical therapy 2x3, lumbar/cervical spine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x3, lumbar/cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines.

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has already been authorized and participated in 11 physical therapy sessions. He should be ready, at this point, to continue with a self-directed, home-based exercise program. The request for physical therapy 2x3, lumbar/cervical spine is not medically necessary.