

<b>Case Number:</b>	CM15-0093899		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	03/01/1994
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Arizona, 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:

This is a 60 year old female with a March 1, 1994 date of injury. A progress note dated January 20, 2015 documents subjective findings (neck pain radiating down both arms; lower back pain radiating down the right leg; pain rated at a level of 9/10), objective findings (neck shows increased pain on extension and side to side bending; decreased sensation of the left C5 distribution with positive Spurling sign to the left and right; lumbar spine tenderness; increased pain with range of motion; decreased sensation in the left S1 distribution; straight leg raise is positive in the right lower extremity, causing sciatica), and current diagnoses (right sciatic and cervical radiculopathy possibly at C5). Treatments to date have included medications, heat, ice, x-ray of the cervical spine (showed rotation of the spinous process of C4 on C5, and a loss of disc height at C% and C6), x-ray of the lumbar spine (showed slight rotation of the transverse processes particularly in the lower lumbar spine at the L4 on the L5, and mild to moderate loss of disc height at L5-S1), and physical therapy. A detailed re-evaluation dated April 3, 2015 notes that physical therapy offers excellent relief and reduction of pain. The treating physician documented a plan of care that included additional physical therapy for the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 1 x12 cervical and lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 174, 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the claimant had already completed at least 12 sessions of therapy. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. Consequently, additional therapy sessions are not medically necessary.