

<b>Case Number:</b>	CM15-0094731		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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:

The injured worker is a 43 year old female who sustained an industrial injury on May 22, 2014. She has reported injury to the lower back and neck and has been diagnosed with neck sprain, cervicalgia, intervertebral disc disorder with myelopathy lumbar region, and sciatica. Treatment has included chiropractic care, medications, physical therapy, rest activity modification, and cold therapy. Cervical examination noted on palpation revealed paraspinal tenderness from C1 through T1 bilaterally. Bilateral facet joint tenderness was also noted from C1 through T1. Foraminal compression was positive bilaterally with pain. Distraction was positive with pain bilaterally. Shoulder depression was positive with pain bilaterally. Range of motion was decreased. Lumbar spine noted palpation revealed paraspinal tenderness bilaterally at the level of L4-L5 and L5-S1 with walking. There was bilateral facet joint tenderness, left greater than right, at the level of L4-5 and L5-S1. Left sided joint tenderness was also noted. Sciatic notch and sciatic nerve tenderness was also noted on the left side. Range of motion was within normal limits. Straight leg raise both in seated and supine position caused pain in the lumbar spine on the left side. The treatment request included 6 additional outpatient physical therapy visits for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy for the cervical spine, twice a week for three weeks: 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, Work Loss Data Institute, Neck and Upper Back (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS 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. In this case , the claimant had received over 16 sessions of prior therapy. There was no indication, that exercises cannot be performed at home. The request for additional 6 sessions of therapy is not medically necessary.