

<b>Case Number:</b>	CM15-0099031		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Physical Medicine & Rehabilitation

### 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 48-year-old female, who sustained an industrial injury on July 25, 2013. She reported neck, low back and right hip pain. The injured worker was diagnosed as having lumbago, cervicalgia, shoulder pain and hip pain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued neck, low back and right hip pain with associated decreased range of motion in the cervical spine, migraine headaches and tingling and numbness of the shoulders and arms. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 16, 2015, revealed continued pain as noted. Evaluation on May 5, 2015, revealed continued pain as noted with associated symptoms. A B-12 injection was administered and it was noted the lumbar incision was healing well. Eight sessions of physical therapy for the cervical spine was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight sessions of physical therapy for the cervical spine [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with pain in low back radiating to lower extremities and right hip rated 5/10, and pain in the neck radiating to upper extremities rated 8/10. The request is for EIGHT SESSIONS OF PHYSICAL THERAPY FOR THE CERVICAL SPINE ( [REDACTED] [REDACTED] ). The request for authorization is dated 05/12/15. Physical examination of the cervical spine reveals palpable paravertebral muscle tenderness with spasm. Range of motion is limited. A positive axial loading compression test and Spurling's maneuver are positive. Exam of hip reveals tenderness on internal and external rotation. Range of motion is painful. MTUS Chronic Pain Management Guidelines, pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Review of medical records indicate the patient has already attended at least 20 sessions of physical therapy. The request for 8 additional sessions of physical therapy would exceeds what is recommended by MTUS for non-post-op conditions. Therefore, the request IS NOT medically necessary.