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| <b>Case Number:</b>   | CM13-0008381 |                              |            |
| <b>Date Assigned:</b> | 12/11/2013   | <b>Date of Injury:</b>       | 03/06/2012 |
| <b>Decision Date:</b> | 03/14/2014   | <b>UR Denial Date:</b>       | 07/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/07/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 31-year-old female who reported an injury on 03/16/2012. The patient is diagnosed with cervical pain, cervical facet syndrome, muscle spasm, and cervical radiculopathy. The patient was recently seen by [REDACTED] on 11/26/2013. Physical examination revealed restricted cervical range of motion, muscle spasm with hypertonicity, trigger points with a twitch response upon palpation, and positive Spurling's maneuver. Treatment recommendations included continuation of current medication and acupuncture treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy for the cervical spine and upper back (6 sessions):** 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:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical

notes submitted, the patient has completed a course of physical therapy for the thoracic spine and cervical spine. Documentation of the previous course of treatment with efficacy was not provided. Therefore, continuation cannot be determined as medically appropriate. The medical necessity has not been established. As such, the request is noncertified.