

<b>Case Number:</b>	CM13-0034004		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	02/01/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 54-year-old female with the date of injury February 1, 2012. The patient completed the partial spine 1 therapy program. There is suggestion that the patient did not fully complete the program as she moved to Idaho for the summer. She continues to reports subjective improvement after starting spine 1 rehab. The medical records to document increase range of motion at the acupuncture. There is no documentation of degree of improvement after spine 1 therapy. On physical examination the patient has a limited cervical motion and tenderness to the neck. She feels that her neck and her back are improving but she reports desiring to continue rehab to prevent flare-ups of her pain. Current diagnoses include myalgia and myositis shoulder sprain and neck sprain. Treatment to date include medications activity moderate patient in 20 sessions of spine 1 rehab. She's also had acupuncture and true chiropractic care

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 ADDITIONAL SESSIONS OF SPINEONE REHAB:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-32.

**Decision rationale:** This patient does not meet establish criteria for more physical therapy. Specifically, the medical records do not document subjective and objective gains made with the previous spine 1 rehab program. There is not adequate documentation of evidence of functional improvement after participating previous spine physical therapy. Treatment in excess of 20 sessions requires documentation of the rationale for doing so and that the program is effective. Reasonable goals should be documented and achieved. There is no documentation of demonstrated efficacy an objective gains made by previous participation in this program. Criteria for additional spine therapy not met. Evidence base guidelines not met.