

<b>Case Number:</b>	CM14-0105693		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/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 injured worker is a 59-year-old male who was reportedly injured on August 17, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated June 16, 2014, indicates that there are ongoing complaints of neck pain radiating to the left shoulder and right arm. The physical examination demonstrated tenderness of the cervical paraspinal muscles as well as the bilateral trapezius. There was a normal upper extremity neurological examination. The examination of the lower extremities noted diminished sensation along the anterior left lower leg twitches improved from the previous examination. The diagnostic imaging studies of the cervical spine choice light progression of the disc herniation at the C7-T1 level. Previous treatment includes a right-sided L5 and S1 neural foraminal epidural steroid injection. A request was made for physical therapy for the cervical spine and was not certified in the pre-authorization process on June 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x3 to cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337-8.

**Decision rationale:** As the injured employee has sustained a work-related injury in 2007, he is almost certainly participated in physical therapy for the cervical spine in the past seven years. Additionally, the American College Of Occupational and Environmental Medicine recommend one to two visits of physical therapy for education, counseling, and evaluation of a home exercise program. Considering this, additional justification is needed for additional physical therapy for the cervical spine. As such, the request is not medically necessary.