

<b>Case Number:</b>	CM14-0138371		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/05/1998
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 records presented for review indicate that this 59-year-old female was reportedly injured on June 5, 1998. The most recent progress note, dated June 21, 2014, indicates that there are ongoing complaints of headaches and neck pain. The physical examination demonstrated tenderness along the cervical spine from C3-C7 and decreased range of motion with pain. There was tenderness of the cervical paraspinal muscles with spasms. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy, Aqua therapy, and the use of an H wave unit, trigger point injections, and oral medications. A request had been made for 12 sessions of physical therapy for the cervical spine and was not certified in the pre-authorization process on August 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for cervical spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy, August 4, 2014.

**Decision rationale:** A review of the attached medical record indicates that the injured employee has previously participated in physical therapy for the cervical spine. It is unclear what kind of efficacy was achieved from prior therapy. However it is expected that the injured employee should have transitioned to a home exercise program. As such, this request for 12 additional physical therapy sessions for the cervical spine is not medically necessary.