

<b>Case Number:</b>	CM14-0175568		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	11/18/1997
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This patient is a 64 y/o female who developed chronic cervical pain subsequent to an injury on 11/18/97. She has had a single level cervical fusion, but continues to have neck pain associated with numbness and arm weakness. Electro diagnostics suggested a peripheral neuropathy and not a spinal or radicular myelopathy. She has had recent physical therapy, but the requesting physician does not document the extent of therapy. She self-reported some benefits from the therapy, but no functional or mediation changes are noted. The physical therapists notes document that there is only slight improvement from therapy and a home exercise program is recommended. She has declined any injections or invasive treatments. Current treatment consists of oral an analgesic which is reported to have meaningful benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 1xwk x 6wks cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** MTUS Guidelines recommend up to 8-10 sessions of physical therapy for most chronic painful conditions with goal of improved function and independence. There is no documentation of the remote extent of therapy and there is no documentation of the extent of the more recent therapy. In addition, there are no objective measures of improvement and the therapist states that only slight benefits were realized. Under these circumstances the request for another 6 sessions of therapy are not consistent with Guidelines. The request for an additional 6 sessions of physical therapy is not medically necessary.