

<b>Case Number:</b>	CM14-0177949		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 39 year old with an injury date on 12/9/13. Patient complains of ongoing cervical upper back pain per 8/7/14 report. Patient stated that acupuncture increased pain per 5/20/14 report, and recently began a course of physical therapy, with effectiveness not mentioned per 8/7/14 report. Based on the 8/7/14 progress report provided by [REDACTED] the diagnoses are: Cervical Spondylosis, Underlying Discopathy and Neuroforaminal Stenosis. Exam on 8/7/14 showed "neck/upper back midline tenderness." No range of motion testing was included in reports. Patient's treatment history includes acupuncture, cryotherapy, physical therapy, medication. [REDACTED] is requesting additional physical therapy 6 sessions (unspecified frequency) cervical spine. The utilization review determination being challenged is dated 10/21/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/16/14 to 8/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy, 6 sessions (unspecified frequency), cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with neck pain and upper back pain. The provider has asked for Additional Physical Therapy 6 sessions (unspecified frequency) cervical spine on 8/7/14. The patient had 1 prior session of physical therapy on 7/30/14. According to 3/20/14 report, the patient had a "poor response" to prior physical therapy (sessions not specified) on 1/30/14. The provider requested 8 sessions of physical therapy on 3/20/14 which was authorized. The patient has had MTUS guidelines allow for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. Furthermore, the provider does not indicate any rationale or goals for the requested 6 sessions of therapy. In combination with the already approved 8 physical therapy sessions, an additional 6 sessions exceed what is allowed by MTUS for this type of condition. Therefore, this request is not medically necessary.