

<b>Case Number:</b>	CM14-0016623		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 48 year old male, who sustained an industrial injury on 6/27/2013. He has reported injury to neck and back. The diagnoses have included numbness and tingling and herniated thoracic disc without myelopathy. Treatment to date has included medication therapy, physical therapy, trigger point injection and bilateral T11-T12 facet injections. Currently, the IW complains of returning pain in neck and back after three weeks without physical therapy, associated with radicular pain down left arm and numbness and tingling of the hands. The physical examination from 8/12/14 documented left trapezius pain and spasm and thoracic tenderness with palpation. The plan of care was for continuation of physical therapy and to continue traction. On 1/24/2014 Utilization Review non-certified additional physical therapy for eight (8) visits to treat the cervical spine, noting the medical records did not include documentation of functional gain from prior physical therapy treatments. The MTUS and ODG Guidelines were cited. On 2/10/2014, the injured worker submitted an application for IMR for review of continued physical therapy for eight (8) visits to treat the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE PHYSICAL THERAPY, 8 VISITS FOR THE CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

**Decision rationale:** Based on guidelines physical medicine can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. There should be documented functional improvement. There should be a home exercise program. Based on the medical records there is no documentation that the patient has had improvement with previous physical therapy or if there is a home exercise program and thus not medically necessary.