

<b>Case Number:</b>	CM14-0203259		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 15, 2010. In a Utilization Review Report dated December 24, 2014, the claims administrator denied a request for 12 sessions of physical therapy for the cervical spine. The claims administrator stated that the applicant has had 36 sessions of physical therapy through that point in time. The claims administrator referenced a November 18, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated November 18, 2014, the applicant was placed off of work. The applicant was deemed "permanently disabled" owing to ongoing complaints of neck pain, it was noted. 4-7/10 pain complaints were noted. 12 sessions of physical therapy were sought. The applicant was kept off of work, on permanent disability. On an earlier note, dated September 9, 2014, the applicant was apparently asked to employ acupuncture. The applicant was described as disabled, divorced, and living alone now. The applicant had failed various medications, including Xanax, Norco, and Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 12 Visits Cervical Spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Physical Medicine Page(s): 8, 99.

**Decision rationale:** The 12-session course of therapy proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. Here, the applicant was/is off of work, it is incidentally noted. The applicant has been deemed permanently disabled, despite completion of earlier treatment (36 sessions), seemingly well in excess of MTUS parameters. The applicant remains dependent on a variety of analgesic and anxiolytic medications, despite completion of extensive prior physical therapy. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of extensive physical therapy over the course of the claim. Therefore, the request for an additional 12 sessions of physical therapy was not medically necessary.