

<b>Case Number:</b>	CM15-0147459		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/08/2004
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 60-year-old female, who sustained an industrial injury on 10-8-2004. The details regarding the initial injury were not included in the medical records submitted for this review. Diagnoses include cervicgia and chronic cervical sprain, status post cervical fusion. Treatments to date include medication therapy and physical therapy. Currently, she complained of neck pain and improvement with physical therapy. On 6-15-15, the physical examination documented muscle spasms and bilateral upper extremity weakness. The plan of care included eight additional physical therapy sessions for therapeutic exercises to treat the cervical spine twice a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 8 sessions of physical therapy for treatment of 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** MTUS 2009 recommends up to 10 sessions of PT to treat myalgia. The date of injury is from 2004 and the patient has likely exceeded the number of PT sessions recommended for neck pain. The most recent round of PT did not provide any clinically significant carryover benefit with a reduction in analgesic medication used. The medical records do not explain why additional PT will have a different outcome than prior PT. This request for an additional 8 sessions of PT is not medically necessary.