

<b>Case Number:</b>	CM15-0190538		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	03/27/2001
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: Texas, New York, 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 March 27, 2001. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve a request for 12 sessions of physical therapy for the cervical spine. The claims administrator referenced an August 17, 2015 office visit and an associated August 20, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said August 20, 2015 RFA form, 12 sessions of physical therapy were sought. On an associated progress note dated August 17, 2015, the applicant reported ongoing complaints of neck pain status post earlier failed cervical spine surgery. The applicant was using Norco, Fioricet, and Robaxin for pain relief, it was reported. Physical therapy was sought while multiple medications were refilled. The applicant was placed off work, on total temporary disability, for an additional 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the cervical spine for 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, Introduction.

**Decision rationale:** No, the request for 12 sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. The 12-session course of treatment at issue, in and of itself, represented treatment in excess of the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, i.e., the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was placed off work, on total temporary disability, as of the date of the request, August 17, 2015. The applicant remained dependent on other forms of medical treatment to include opioid agents such as Norco, muscle relaxants such as Robaxin, and barbiturates such as Fioricet. Heightened pain complaints were seemingly evident on or around the date in question. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional 12 sessions of physical therapy was not medically necessary.