

<b>Case Number:</b>	CM15-0202483		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 38 year old male, who sustained an industrial injury on 11-5-12. Medical records indicate that the injured worker is undergoing treatment for low back pain, facet arthropathy, cervical intervertebral disc degeneration, cervical radiculopathy, cervical stenosis and neck pain. The injured worker is working with restrictions. On (10-2-15) the injured worker complained of constant low back pain, intermittent neck pain and left upper extremity pain and numbness. The pain is worse with bending down, sitting and getting up. The pain is better with rest. Examination of the spine revealed tenderness to palpation over the cervicothoracic junction and bilateral paravertebral lumbosacral facet joints, worse on the left. The injured worker had exacerbation of left-sided pain with extension and rotation. Spasm and guarding were also noted. Treatment and evaluation to date has included medications, MRI of the cervical spine and lumbar spine, medial branch blocks (8-23-15) and physical therapy (2) to the neck. The injured worker was noted to have had seventy percent relief for two months after the facet block. The injured worker is unsure if the two completed physical therapy sessions were beneficial. A current medication list was not provided. The current treatment request is for additional physical therapy two times a week for eight weeks for the neck. The Utilization Review documentation dated 10-13-15 non-certified the request for additional physical therapy two times a week for eight weeks for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times a week for 8 weeks for the neck: Upheld**

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

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

**Decision rationale:** Additional physical therapy 2 times a week for 8 weeks for the neck is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had 2 recent PT sessions and a cervical injury dating back to 2012. The patient should be well versed in a home exercise program at this point. There are no extenuating factors which would necessitate 16 more supervised therapy visits which would exceed the MTUS recommended number of PT visits for this condition therefore this request is not medically necessary.