

<b>Case Number:</b>	CM15-0037325		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/28/2001
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59-year-old male with an industrial injury dated 6/28/2001. The injured worker's diagnoses include chronic neck pain and probable left shoulder bursitis. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 1/21/2015, the injured worker reported neck pain radiating into the shoulders. Objective findings revealed decrease cervical range of motion and left cervical spine tenderness. X-ray of the cervical spine revealed C5-C7 fusion with end plate and mild degeneration disc disease. The treating physician prescribed services for physical therapy two times a week for 4 weeks (cervical spine) now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two times a week for 4 weeks (cervical spine): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in June 2001 and continues to be treated for chronic neck pain. When seen, pain was rated at 5-6/10. There was decreased cervical spine range of motion with left sided tenderness. Recommendations included physical therapy with a possible trial of TENS. Eight treatment sessions were requested. Norco was prescribed. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended. The request is not medically necessary.