

<b>Case Number:</b>	CM15-0041953		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	08/07/2014
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 57 year old male, who sustained an industrial injury on 8/7/2014. Currently he reported nearly constant pain in the thoracic spine, associated with weakness in the upper extremities; and cervical pain down into the entire cervical and mid-thoracic spine and left arm, with numbness into the fingers. The injured worker has been diagnosed with, and/or impressions were noted to include, cervicothoracic spine sprain; and headaches. Treatments to date have included consultations; magnetic resonance imaging of the cervical and an magnetic resonance imaging of the thoracic spine (10/1/14); 7 physical therapy sessions; 3 chiropractic treatments; exercise; heat and ice treatments; and medication management. Noted in the most recent examination, of 1/20/2014, was that physical therapy provided no relief after 7 sessions, chiropractic and exercise provided moderate relief after 3 sessions; heat and ice treatments also provided moderate relief for the original complaints of moderate and constant neck pain, and moderate-severe, constant mid-back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, 2 times weekly for 4 weeks, Thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine 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-related injury on August 2014 and continues to be treated for chronic cervical and thoracic spine pain with upper extremity weakness, numbness, and tingling. Treatments have included physical therapy without benefit. 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, prior therapy has been ineffective and the number of visits requested is in excess of that recommended. Therefore, the requested additional physical therapy is not medically necessary.