

<b>Case Number:</b>	CM15-0044438		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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 52-year-old female, who sustained an industrial injury on 6/6/2011. She reported injury after lifting and moving a patient. The injured worker was diagnosed as status post anterior cervical discectomy and fusion, muscle spasm, chronic pain syndrome, cervical spinal stenosis, cervico-genic headaches and cervical radiculopathy. Treatment to date has included physical therapy and medication management. Currently, a progress note from the treating provider dated 2/5/2015 indicates the injured worker reported headaches and neck pain that radiates to the right arm and forearm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

**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 is nearly 4 years status post work-related injury and continues to be treated for chronic neck pain with radiculopathy and headaches. Treatments included a cervical spine fusion in June 2012. Trigger point injections in combination with the requested physical therapy is planned. 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 consistent with guideline recommendations and therefore medically necessary.