

<b>Case Number:</b>	CM15-0048653		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	09/21/2009
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 injured worker is a 51 year old female, who sustained an industrial injury on September 21, 2009. She reported neck pain and low back pain. The injured worker was diagnosed as having status post cervical fusion with low back pain and bilateral leg radiculopathy with extensor hallucis longus weakness. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, physical therapy, electrodiagnostic studies, medications and work restrictions. Currently, the injured worker complains of neck pain and low back pain with radiating pain, weakness and radiculopathy symptoms to the lower extremities. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on September 18, 2014, revealed continued pain six weeks post cervical fusion. She noted a slight decrease in neck pain with increased lower extremity pain and radicular symptoms. Additional physical therapy for the cervical spine was recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 8 weeks for the cervical and lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**Decision rationale:** The patient underwent a cervical fusion in July 2014. She has persistent pain complaints in the neck without any significant change in the character or intensity of pain throughout the course of her care. Additional physical therapy beyond that provided during the post-operative period has been requested to treat her pain. MTUS 2009 states that up to 10 sessions of PT for neck pain are an option. The patient has already received treatment adherent MTUS 2009. The current prescription does not contain any specific goals or directions for the therapists. The progress note does not indicate why additional PT is indicated when prior PT has not been effective. The patient should already be familiar with work around strategies, exercises and independent pain management strategies from prior sessions. Additional information is needed indicating why additional PT is needed in this case when past participation has not made a difference for this patient. This request for additional PT does not adhere to MTUS 2009 and is not medically necessary.