

<b>Case Number:</b>	CM15-0052024		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 51-year-old female, who sustained an industrial injury on July 30, 2013. The injured worker was diagnosed as having cervical fusion, nonunion of fracture and thoracic strain/sprain. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) and surgery. A progress note dated February 24, 2015 provides the injured worker complains of headaches, neck pain and back pain. Physical exam notes she is tearful, depressed, and cervical spasm. The plan includes physical therapy and massage therapy of the cervical and thoracic spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy to include massage therapy 2 x 4 for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy and Physical Medicine Guidelines Page(s): 60 and 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Neck & Upper Back Procedure Summary Online version.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

**Decision rationale:** The medical records report pain in the cervical region but do not document specific functional goals for 8 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for cervical sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a medical necessity for 8 visits of PT. Therefore, the request is not medically necessary.