

<b>Case Number:</b>	CM14-0126095		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 07/06/2012. The date of the utilization review under appeal is 07/28/2014. The patient's diagnosis is panniculitis of the neck. Prior to the current treatment request, the patient previously received 30 sessions of physical therapy in 2012. On 07/01/2014, the treating physician saw the patient in follow-up with a history of a head injury, chronic neck pain, left upper extremity and left lower extremity radiculitis, and chronic low back and left shoulder pain. The patient was concerned with side effects with tramadol, and thus the patient was prescribed Nucynta. Previously as of 06/04/2014, the treating provider recommended a functional restoration program, noting that previous methods of treating chronic pain had been unsuccessful, and there was an absence of other options likely to result in significant clinical improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 3 Times a Week for 6 Weeks for The Cervical Spine Quantity: 18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- PHYSICAL THERAPY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine, page 99, recommends allowing for fading of treatment frequency and transition to independent home rehab. The medical records in this case indicate that the patient has received extensive physical therapy including at least 30 visits certified through 2012. The patient additionally has been referred to a functional restoration program, suggesting no additional benefit is likely through traditional treatment including traditional physical therapy. The medical records do not provide a rationale as to why additional physical therapy to the cervical spine would be beneficial or indicated. This request is not medically necessary.