

<b>Case Number:</b>	CM14-0133084		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53 year-old individual was reportedly injured on 7/11/2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 7/30/2014, indicates that there are ongoing complaints of chronic neck pain that radiates in the bilateral upper extremities. No physical examination was performed on this date of service, however the previous examination dated 6/25/2014 states spasm, tenderness, and guarding is noted in the paravertebral muscles of the cervical spine along with decreased range of motion. Decreased dermatomal sensation with pain is noted over the bilateral C6 dermatomes. Well healed incision is noted over the anterior cervical spine. Diagnostic imaging studies mentioned an updated MRI the cervical spine revealed talk artifact due to instrumentation at level C6-C7, C4-C5 and C5-C6 revealed disc herniation's at those levels along with decreased disc height. Neural diagnostic studies of the bilateral upper extremities were also reviewed and revealed mild-moderate bilateral carpal tunnel syndrome. Official reports are not available for review. Previous treatment includes physical therapy #24 sessions, medications, and conservative treatment. A request had been made for occupational therapy 3 times a week times 4 weeks of the cervical spine #12 and was non-certified in the pre-authorization process on 8/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational therapy three times a week for four weeks for the cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**Decision rationale:** MTUS guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis; and recommend a maximum of 10 visits. The claimant has chronic complaints of neck pain and review of the available medical records, fails to demonstrate an improvement in pain or function. The claimant underwent 24 sessions of functional restoration therapy and in the absence of clinical documentation to support additional visits; this request is not considered medically necessary.