

<b>Case Number:</b>	CM15-0115399		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Emergency 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 49 year old male who sustained an industrial injury on 6/5/13. The mechanism of injury is unclear. Currently complains of chronic neck pain and headaches. No medications were specifically identified. Diagnosis is cervical spine degenerative disc disease. Treatments to date include physical therapy (there was no documentation of prior specific number of treatments or their effect); acupuncture. Diagnostics include MRI of the cervical spine (7/13/14); MRI of the cervical spine (5/15/15) showing right neural foraminal stenosis. On 6/1/15, Utilization Review evaluated requests for physical therapy of the cervical spine 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the cervical spine; 12 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 58-59 of 127.

**Decision rationale:** The patient is a 49 year old male who sustained an industrial injury in June of 2013. He subsequently has been diagnosed with chronic neck pain and headaches. He has been treated with acupuncture and physical therapy (12 sessions). The request is for further physical therapy. The ACOEM guidelines states, "There is insufficient evidence to support manipulation of patients with cervical radiculopathy." There is also no high-grade evidence to support passive therapies such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units. As such, the request is not medically necessary.