

<b>Case Number:</b>	CM15-0124050		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55 year old male, who sustained an industrial injury on 1/08/2013. He reported he stumbled and fell forward, crashing his head through a wall resulting in loss of consciousness, head and neck pain. Diagnoses include cervicalgia status post cervical microdiscectomy and fusion on 2/14/14. Treatments to date include medication therapy and physical therapy. Currently, he complained of unchanged neck pain rated 4/10 VAS. On 1/6/15, the physical examination documented cervical paravertebral muscle tenderness with spasms. The plan of care included eight additional physical therapy sessions twice a week for four weeks to treat the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Cervical Spine, 2 times wkly for 4 wks, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

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

**Decision rationale:** Physical Therapy, Cervical Spine, 2 times wkly for 4 wks, 8 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient is out of the post operative period at this point and the MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this patient's condition. The documentation indicates that the patient has had extensive prior PT for his cervical spine. The patient should be well versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.