

<b>Case Number:</b>	CM15-0043376		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, 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(n) 38 year old female, who sustained an industrial injury on 2/9/13. She reported pain in the neck, low back and lower extremities. The injured worker was diagnosed as having cervical strain, cervical radiculopathy and cervical degenerative disc disease. Treatment to date has included cervical MRI, EMG study and pain medications. As of the PR2 dated 2/2/15, the injured worker reports continued pain and discomfort in the neck with numbness and tingling to the hands. The treating physician notes a loss of the normal cervical lordosis due to spasm and strain in the neck. He recommended physical therapy 3x week for 5 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy (PT) times six sessions to the cervical spine:** Overturned

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

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

**Decision rationale:** I respectfully disagree with the UR physician. A review of the attached medical record does not indicate that the injured employee has previously participated in physical therapy for the cervical spine. The California MTUS guidelines recommends up to 10 visits of physical therapy followed by home exercise for the injured employees cervical strain and degenerative disc disease. This request for six sessions of outpatient physical therapy for the cervical spine is medically necessary.