

<b>Case Number:</b>	CM15-0062861		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	08/28/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old male, who sustained an industrial injury on 8/28/2012. Diagnoses include lumbar facet arthropathy; cervical facet arthropathy, left lumbar radiculitis, post-concussion headache and closed head injury. Treatment to date has included physical therapy, medications, and acupuncture and home exercises. His last physical therapy was noted to be about a year and a half ago. Per the Primary Treating Physician's Progress Report dated 2/11/2015, the injured worker reported low back pain that is described as constant, burning, pins and needles, and dull in nature. There is burning in the neck area. Pain is rated as 7.5/10 on a scale of 0-10. Acupuncture provides some benefit but driving aggravates the pain. Physical examination of the cervical spine revealed some tightness and muscle spasm noted in the cervical paraspinal muscles and the trapezius musculature. Ranges of motion were decreased. Cervical facet test was positive. The plan of care included acupuncture, home exercise, medications and authorization was requested for physical therapy (2x3) for 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 for the cervical spine 2 times a week for 3 weeks:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in August 2012 and continues to be treated for chronic neck pain. Recent treatments include acupuncture. The claimant last had physical therapy 1 years ago and is not regularly performing a recommended home exercise program. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended. Goals would be to reestablish a sustained home exercise program. The request is medically necessary.