

<b>Case Number:</b>	CM15-0070159		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 28-year-old female who sustained an industrial injury on 5/2/2014. Her diagnoses, and/or impressions, included orbital fracture on the left with residual pain; post-concussive syndrome; cervical disc herniation with cervical radiculitis on the left; cervical disc displacement without myelopathy; severe depression and anxiety; and long-term use of medications. Recent magnetic resonance imaging studies of the brain was stated to have been done on 6/11/2014. A magnetic resonance imaging of the neck was stated to have been done; and a neuro-psychiatric testing has stated to have been done. Her treatments have included urine toxicology screening; physical therapy that aggravated her pain; and medication management. Progress notes of 12/11/2014 reported chronic left-sided orbit pain with neck pain and persistent headaches; and the injured worker's request to try physical therapy to see if it will help to reduce her pain and allow for her to return to a modified work duty. The physician's requests for treatments were noted to include physical therapy for the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Physical Therapy for the Neck (2x6): Upheld**

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

**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 is more than one-year status post work-related injury and continues to be treated for chronic neck pain. Previous treatments have included physical therapy with the claimant reporting that during one session she felt severe radiating left upper extremity pain, which has persisted. When seen, she was requesting another trial of physical therapy. 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 in excess of that recommended and therefore not medically necessary.