

<b>Case Number:</b>	CM15-0071694		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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 64 year old female who sustained an industrial injury on April 16, 2004. She has reported injury to the neck and low back and has been diagnosed with cervical pain, bilateral L5 spondylosis, chronic pain syndrome, lumbar stenosis, exploration of fusion with revision fusion at C6-T1, degenerative disc disease of the thoracic spine, and hand pain. Treatment has included surgery, physical therapy, occupational therapy, and medications. Currently the injured worker reports pain to her posterior neck, mid back, and low back. The treatment request included physical therapy 2 x 6 cervical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 to the left shoulder:** 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).

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for chronic spine pain. She underwent a cervical fusion in July 2013 followed by 18 physical therapy sessions. When see, she had pain throughout her spine. Authorization for physical therapy was requested. In this case, the chronic pain treatment guidelines apply. 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.