

<b>Case Number:</b>	CM13-0006977		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 49-year-old male who reported an injury on 03/11/2010, due to an unknown mechanism. The injured worker had a physical examination on 04/11/2013, where he stated he had pain radiating down the right leg and diminished walking ability. He had complaints of numbness and tingling in the right leg with associated weakness. Examination of the cervical spine revealed range of motion was restricted with flexion to 30 degrees, extension was to 20 degrees due to pain, lateral rotation not the left was to 45 degrees due to pain, and lateral rotation to the right limited to 45 degrees due to pain. Examination of paravertebral muscles revealed tenderness over the sternocleidomastoid on the left near the insertion site, and over the clavicle on both sides. Spurling's maneuver produced no pain in the neck musculature or radicular symptoms in the arm. On examination of the thoracic, tenderness was noted on the T3-4. Neurological exam revealed normal appearance, tone and strength of muscles with decreased sensation over the right thumb. Including the thenar eminence, right digits 2 and 3, left digits 4 and 5, right great toe. Medications for the injured worker were Soma 350, 1 tablet twice a day as needed; Tramadol 50 mg 1 tablet twice a day as needed; Grails ER 600 mg, 3 tablets with evening meal; Losartan hydrochlorothiazide 50/12.5, 1 tablet daily. Diagnoses for the injured worker were cervical disc degeneration, cervical facet syndrome, cervical radiculopathy, thoracic pain, depression, vocal cord disease not elsewhere classified, and spine/thoracic degenerative disc disease. Treatment plan for the injured worker was to continue medication as prescribed and to start Gabapentin 300 mg 1 tablet twice a day. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two (2) times per week for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174,181.

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

**Decision rationale:** The request for Physical Therapy 2 times per week for 6 weeks and treatment to the cervical spine is not medically necessary. The California MTUS Guidelines may support 9-10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The medical necessity has not been established for the additional 12 visits of physical therapy. The injured worker did not have any Visual Analog Scale (VAS) pain values reported. The evidence of objective functional improvement from the previous physical therapy was not clearly reported. In addition, the number of visits exceeds the recommended number of visits. Therefore, the request is not medically necessary.