

<b>Case Number:</b>	CM13-0043518		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/13/2006
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 61 year old male with a date of injury on 1/13/06. Diagnoses include failed cervical spine surgery syndrome, status post anterior cervical discectomy and fusion, myofascial strain, and radicular and neuropathic pain with intermittent acute on chronic exacerbation of chronic cervicalgia. Subjective complaints are of pain in the neck, left upper extremity, low back and legs. Physical exam documented spasm and tenderness in the paravertebral muscles, decreased sensation over C6 and L5 dermatomes, and weakness in the left arm. Medications include Percocet, Norco, Voltaren, and gabapentin. The provider was seeking 18 sessions of physical therapy to the neck, lower back, left arm and the lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY 3 X 6 CERVICAL SPINE TO LUMBAR SPINE TO LEFT ARM TO LOWER EXTREMITY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Physical Therapy

**Decision rationale:** The CA MTUS guidelines for physical therapy indicate to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For unspecified myalgia/myositis 9-10 visits are recommended over 8 weeks. The ODG recommends 9 physical therapy visits over 8 weeks for cervicalgia. Therefore, the requested 18 physical therapy sessions exceeds guideline recommendations, and the medical necessity is not established.