

<b>Case Number:</b>	CM14-0017783		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Occupational Medicine 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:

This is a 46-year-old female with a 12/28/12 date of injury, when she injured her neck and upper body in the car accident. The patient was seen on 11/19/13 with complaints of pain in the neck, upper back, shoulders, and low back with numbness and tingling radiating to bilateral upper extremities. The patient rated her pain 2 at best and 7 at worst. She accomplished 19 sessions of physical therapy (PT) at that time. The PT progress note dated 12/18/13, stated that the patient completed 25 sessions of PT and she was seen with complaints of severe bilateral neck pain radiating up to the back of the head and down to the front of the face to the nose level. She also complained of sharp shooting pain in the shoulders and arms associated with numbness in the first finger and thumb. There was also mid to low back pain and left sided pain in the buttock with numbness in the right thigh. The patient noted daily headaches and tension in her neck, shoulders, and left ear pain. She stated that her condition was worsening. The exam findings revealed decreased range of motion in the cervical spine with bilateral negative Spurling's test and negative Alar test. There was tenderness to palpation in the lumbosacral spine and negative straight leg raise test. The patient rated her pain 2 at best and 7 at worst. The diagnosis is cervical degenerative disc disease with neck pain, lumbago and thoracic back pain. Cervical spine MRI dated 10/22/13 revealed C3-C4 left lateral osteophyte, C4-C5 facet hypertrophy, and C5-C5 broad based osteophyte complex slightly asymmetric to the left measuring 2 mm anteroposterior. The Lumbar spine MRI dated 10/22/13 revealed, L3-L4 generalized bulge, L4-L5 annular tear along the left posterolateral disc margin with bulge and facet hypertrophy. It was also noted at L5-S1 an annular tear along the left posterolateral disc margin. Treatment to date includes chiropractic treatment, 25 sessions of PT for the neck, thoracic and lumbar spine, work restrictions and medications. An adverse determination was received on 1/22/14, given that the

patient did not have red flags, significant positive objective orthopedic/neurologic findings and radicular signs/complaints or instability to support the request for PT.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY 2 X 6 ON C-L SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter (page 114).

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. In addition, monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The progress note dated 12/18/13, indicated that the patient accomplished 25 visits of PT for the neck, thoracic and lower back to that date. There is a lack of documentation with objective functional gains from the treatment. In addition there is no rationale with regards to additional PT visits and it is not clear why the patient cannot transition into an independent home exercise program. Therefore, the request for physical therapy 2 x 6 on cervical & lumbar spine is not medically necessary.