

<b>Case Number:</b>	CM14-0110075		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	04/24/2005
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 58 years old male with an injury date on 04/24/2005. Based on the 06/10/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post ACDF, C5-6 and C6-72. Adjacent segment disc degeneration, C3-4 and C4-53. Increasing cervical strain/sprain. According to this report, the patient complains of "progressive worsening neck pain with right upper extremity radicular pain," for the past 3-6 month. The patient is currently is working without restriction. Physical exam reveals markedly restricted cervical range of motion with spasm. The trapezius muscle has notable spasm muscle. Cervical facet joints are painful with extension at C4-C5 and C3-C4. There is mild dysesthetic pain in the right C5 dermatome. The patient is status post spinal fusion of C5-C6 and C6-C7; date of procedure was not provided in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 06/23/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/03/2014 to 06/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 1-2 times weekly for 6 weeks, cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 92, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 7 & 98-99.

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

**Decision rationale:** According to the 06/10/2014 report by [REDACTED] this patient presents with "progressive worsening neck pain with right upper extremity radicular pain," for the past 3-6 month. The treater is requesting additional physical therapy 1-2 times weekly for 6 weeks for the cervical. The utilization review denial letter state "the patient has had a flare in symptoms." The requested was modified to 6 visits. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. The 01/09/2014 report show that the patient has had physical therapy with 3 visits remaining. The numbers of sessions completed is not clear. However, the treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. The requested Physical Therapy is not medically necessary.