

<b>Case Number:</b>	CM14-0111984		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine and Rehabilitation, Pain Medicine, and is licensed to practice in Texas. 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 45 year old female who sustained an injury to her neck on 04/11/13 while performing her usual and customary duties as an office worker and was sitting in the office with the door closed and suddenly experienced a weird sensation from her head to toes, described as tingling, pain and nausea. The injured worker got up to take an Advil that was in her purse hanging on the door and when she reached up with her right hand, she felt an increase in symptoms. The next thing the injured worker remembers is waking up and lying flat on her back looking at the ceiling. The injured worker was taken to [REDACTED] emergency room and diagnosed with raging asymptomatic urinary tract infection, dehydration and stress. Electrocardiogram was normal. Computed tomography of the chest and magnetic resonance imaging of the lumbar spine were performed. Antibiotics were prescribed and a urologist referral given. Treatment to date has included 6 visits of physical therapy for the neck and back and 6 acupuncture treatment sessions for the neck. The injured worker was also prescribed a 6 day course of Medrol and given a neck brace. Physical examination noted morbidity: 6'3" and 250 pounds, normal range of motion of the cervical spine; paravertebral muscle tenderness on the left more than right; severe occipital notch tenderness on the left, slight on the right; hyperesthesia in the distribution of the left more than the right occipital nerve; cranial nerves II-XII grossly intact; muscle testing 5/5 throughout; decreased sensory to light touch and pinprick in the left L3-4 distribution; dysesthesias at the right L4-5; deep tendon reflexes 2+ in the bilateral upper extremities; antalgic gait; positive Romberg's and abnormal tandem walk. The injured worker was diagnosed with status post-concussion syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Core stabilization 2wk x 4wk: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Lumbar Chapter, Physical Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Physical therapy (PT).

**Decision rationale:** The records indicate that the injured worker has completed at least 6 physical therapy visits to date. There was no mention that a surgical intervention has been performed or is anticipated. The Official Disability Guidelines (ODG) recommends up to 9 visits over 8 weeks for the diagnosed injury with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. There was no information provided that would indicate the injured worker is actively participating in a home exercise program or objective clinical information provided that would support exceeding the ODG guidelines, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy core stabilization 2 times a week times 4 weeks is not indicated as medically necessary.