

<b>Case Number:</b>	CM14-0112287		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/23/1999
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 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 work is a 50-year-old- male who sustained an injury on 02/23/1999. There is no mechanism of injury mentioned. The patient is status post cervical discectomy and fusion. The patient is noted to have had 24 PT visits. Current medications include: Treximet, topamax, zanaflex, Celebrex, Neurontin, Skelaxin, Lunesta, Ultram, Norco, Cymbalta, and sumatriptan. The patient has neck pain "off and on" for years. He gets trigger point injections by PCP (primary care physician) every 4-6 months on an as needed (prn) basis. Exam has shown positive Spurling's test with right arm pain and right positive Tinel's and Phalen's test. Hoffman and Lhermitte's signs were negative. Strength was 5/5. Sensation was intact and reflexes were symmetrical. The provider has recommended cervical ESI (epidural steroid injection) which was denied physical therapy, X-rays which showed (postoperative changes and degenerative changes) and follow up in six weeks. Diagnosis: Neck pain secondary to degenerative changes, status post fusion, chronic pain syndrome, and migraine. UR (utilization review) determination for request of physical therapy for the neck, 3 times per week for 4 weeks (total sessions: 12) was denied due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the neck, 3 times per week for 4 weeks (total sessions: 12): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98.

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The ODG Guidelines recommends 9 visits over 8 weeks intervertebral disc disorders without myelopathy and 24 visits over 16 weeks for cervical post-surgical (fusion) physical therapy. In this case, the injured worker has already received 24 physical therapy visits. However, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guidelines.