

<b>Case Number:</b>	CM14-0182846		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	12/28/2005
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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, 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 55 year old male with an injury date of 12/28/05. Based on the 05/09/14 progress report provided by [REDACTED] the patient complains of neck pain rated 2-3/10. No physical examination findings with regards to the cervical spine in review of medical records from 03/28/14 - 09/26/14. Treater states that "patient requires physical therapy for myofascial release." Patient's medications per progress report dated 09/26/14 included Tizanidine, Methocarbamol, Ibuprofen, Omeprazole, Tramadol and Duloxetine. Patient has not had physical therapy. Diagnosis 05/09/14- depression/anxiety- cervical spinal fusion- lumbar spine herniated nucleus pulposus with myofascial pain and trigger points- hypertension Diagnosis 08/01/14- depression/anxiety- cervical spine failed fusion- lumbar spine intervertebral disc disease with myofascial pain. [REDACTED] is requesting PT 3 X 6 FOR CERVICAL SPINE QTY:18. The utilization review determination being challenged is dated 10/10/14. [REDACTED] is the requesting provider and he provided treatment reports from 03/28/14 - 09/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 3x6 for Cervical Spine QTY: 18: 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): 98,99.

**Decision rationale:** The patient presents with neck pain rated 2-3/10. The request is for PT 3 X 6 FOR CERVICAL SPINE QTY:18. Patient's diagnosis dated 08/01/14 included cervical spine failed fusion and lumbar spine intervertebral disc disease with myofascial pain. No physical examination findings with regards to the cervical spine in review of medical records from 03/28/14 - 09/26/14. No therapy history is provided and there is no evidence of recent therapy treatments in the reports. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 05/09/14, treater states that "patient requires physical therapy for myofascial release." Patient's subjective pain is rated only 2-3/10 and it is not known why the patient is unable to do exercises at home. The treater is concerned about myofascial release but this can be accomplished with home stretches. Furthermore, the request for 18 sessions would exceed what is allowed by MTUS. Recommendation is for denial.