

<b>Case Number:</b>	CM14-0184637		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old male with a 2/21/14 date of injury. At the time (10/1/14) of Decision for 8 Additional Physical Therapy with Traction, 2 times a week for 4 weeks, Cervical Spine per 9/24/14 form, there is documentation of subjective (neck pain) and objective (restricted range of motion of the cervical spine and paraspinal muscle spasms present at the cervical spine) findings, current diagnoses (disc degeneration cervical spine, cervical radiculopathy, and cervical herniated disc), and treatment to date (14 physical therapy treatments). There is no documentation of a statement of exceptional factors to justify going outside of guideline parameters and functional benefits or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Additional Physical Therapy with Traction (2 Times a Week for 4 Weeks) Cervical Spine per 9/24/14 form: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Physical Therapy and Title 8, California Code of Regulation.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of radiculitis not to exceed 12 visits over 8 weeks. Within the medical information available for review, there is documentation of diagnoses of disc degeneration cervical spine, cervical radiculopathy, and cervical herniated disc. In addition, there is documentation of 14 previous physical therapy treatments. However, given documentation that the request for additional physical therapy with traction, 2 times a week for 4 weeks, Cervical Spine, in addition to the treatments already completed, would exceed guidelines, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. In addition, there is no documentation of functional benefits or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of previous physical therapy treatments. Therefore, based on guidelines and a review of the evidence, the request for 8 Additional Physical Therapy with Traction (2 Times a Week for 4 Weeks) Cervical Spine is not medically necessary.