

<b>Case Number:</b>	CM14-0021705		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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:

This patient is a 50-year-old female with date of injury 02/08/2011. According to the treating physician's report 01/06/2014, the patient presents with ongoing complaints of neck pain; radiation to shoulder, arms; midback pain which is most severe. The patient has low back pain as well, complains of depression, stomach problems, difficulty with sleep. The intensity of pain is an 8/10 to 9/10. The patient generally prefers not to take oral medications. "Physical therapy helps, but symptoms continue." Physical therapy was denied by carrier. Listed diagnoses are cervical radiculitis, cervical disc bulge at C3 to C7, status post epidural steroid injection, probable fibromyalgia. Under treatment plan, the patient wants to continue home exercises she denies at home, physical therapy for cervical spine and shoulders, trigger point injections at next office visit, TTD x8 weeks, reevaluate in 8 weeks. An 11/11/2013 report by treating physician has the patient's pain at 8/10 to 9/10, also states physical therapy helps, but symptoms continue. Treatment recommendation was for patient to continue physical therapy for cervical spine and right shoulder, awaiting authorization. A 09/16/2013 report is nearly identical with recommendations for continued physical therapy awaiting authorization. A 07/22/2013 report by same treating physician states, "Continue physical therapy for cervical spine and right shoulder" under treatment plan. Subjective complaint has a statement that physical therapy helps but symptoms continue. There are physical therapy reports from 03/15/2013 with total number of visits attended as 7. This report indicates that the patient continues to have rather significant levels of symptoms and related functional disability. However, there has been improvement in her range of motion with fewer tendencies of tension symptoms of the right upper extremity, but continues to have significant symptoms proximally about her neck and the thoracic area.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE CERVICAL SPINE (FOR ONE YEAR): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

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

**Decision rationale:** This employee presents with persistent chronic neck pain and shoulder pain. The request is for physical therapy 2 times a week for 6 weeks. MRI of the cervical spine from 09/20/2012 showed multilevel diffuse disc protrusions effacing the thecal sac at C3-C4 to C6-C7. The measurements are from 1.3 mm to 2.5 mm or so. Review of the reports show that the employee had 7 sessions of physical therapy in February and March of 2013. There is no evidence that the employee had any additional physical therapy following that. Review of the treating physician's reports from 07/22/2013 to 01/06/2014, each recommends continued physical therapy, waiting for authorization. However, each of the reports states that the physical therapy helps, but symptoms continue. There are no discussions regarding any functional benefits or improvements in terms of work limitations with physical therapy received in March of 2013. Therapy notes themselves do not provide much in terms of overall improvement of the employee's condition, particularly in terms of the employee's ability to perform activities of daily living, return to work, and function. The MTUS Guidelines recommend up to 9 to 10 sessions for myalgia and myositis type of condition that this employee suffers from. The current request for 12 sessions exceeds what is allowed by MTUS Guidelines for this type of condition. The employee has already had 7 sessions of physical therapy without much success, and the employee should be allowed to perform home exercises rather than relying on formalized physical therapy that has not been very helpful. Current request exceeds what is allowed by MTUS Guidelines, and recommendation is for denial.