

<b>Case Number:</b>	CM14-0024537		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Surgery 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 65 years old female with an injury date on 10/23/2001. The listed diagnoses per [REDACTED] dated 02/10/2014 are: 1. Cervical radiculopathy 2. Status post cervical spine fusion 3. Chronic headache 4. Chronic cervical pain 5. Upper back pain According to this report, the patient complains of neck pain that radiated to the back of the head. The patient has had this pain since 2003 and had cervical spine fusion in 2005. Patient takes Amrix and Naproxen as needed for pain. Cervical range of motion restricted in rotation, flexion and extension with tenderness. The patient also has tenderness in the upper cervical and thoracic spine. There were no other significant findings noted on this report. The utilization review denied the request on 02/17/2014. [REDACTED] is the requesting provider, and only provided treatment report dated 02/10/2001.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY EVALUATION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)ACOEM guidelines, chapter 7, page 127.

**Decision rationale:** According to the 02/10/2014 report by [REDACTED] this patient presents with neck pain that travel to the back of the head. The treater is requesting for a physical therapy evaluation. Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the treater does not explain why a physical therapy evaluation is needed. Recommendation is for denial.

**PHYSICAL THERAPY TREATMENT FOR AT LEAST 2 MONTHS FOR NECK AND LEFT SHOULDER:** Upheld

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

**MAXIMUS guideline:** Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98-99.

**Decision rationale:** According to the 02/10/2014 report by [REDACTED] this patient presents with neck pain that travel to the back of the head. The treater is requesting for physical therapy treatment for at least 2 months for neck and left shoulder. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. Review of available reports show no therapy reports were provided and there is no discussion regarding the patient's progress on any of the reports. The treater also does not provide any discussion regarding what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. Given that the request for physical therapy is without a specific number of sessions indicated, recommendation is for denial.