

<b>Case Number:</b>	CM14-0032523		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	08/26/2009
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Occupational Medicine, 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 an employee of [REDACTED] and has submitted a claim for herniated cervical disk with radiculopathy associated with an industrial injury date of August 26, 2009. Treatment to date has included physical therapy, and medications such as Norco, and Prilosec. Medical records from 2012-2013 were reviewed, showing that patient complained of neck pain and left shoulder pain which lessened with medications. Pain was aggravated by prolonged bending of the neck or rapid neck movement. This resulted in difficulty with dressing, cooking and doing household chores. Physical examination showed tightness, spasm, and muscle guarding at the trapezius, sternocleidomastoid, and strap muscles, left greater than right. Muscle strength was 3/5 while deep tendon reflexes were 1+ at the bilateral upper extremities. Range of motion of the cervical spine and lumbar spine was decreased on all planes. Cervical lordosis was decreased. Tinel's and Phalen's test were positive bilaterally. Physical examination of the lumbar spine showed tightness and spasm. Facet joint tenderness was elicited at the L3, L4, and L5 levels bilaterally. There was weakness in the big toe dorsiflexors and big toe plantar flexors. Ankle reflexes were graded 1/4. Gait pattern was characterized with a limp on the left leg. Sensation was diminished in the hands and the L4, L5 and S1 dermatomes bilaterally. EMG/NCV of the bilateral upper extremities on April 4, 2011 was normal. EMG/NCV of bilateral lower extremities in 2011 was also normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY TO THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended with the idea that frequency should be tapered and the patient should transition into a self-directed home program. A progress note dated October 18, 2013 cited that the patient underwent previous physical therapy sessions. However, the total number of treatment sessions, as well as the functional outcomes, if any, was not documented. Furthermore, the present request does not specify the frequency and duration of treatment. Therefore, the request for physical therapy to the cervical spine is not medically necessary.