

<b>Case Number:</b>	CM14-0036867		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/08/2011
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 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:

This 50 year-old patient sustained an injury on 2/8/11 while employed by [REDACTED]. The request under consideration is 12 sessions of physical therapy (2 times a week for 6 weeks) for the cervical spine. The diagnoses is brachial neuritis. The patient has attended 15 sessions of physical therapy. The report of 3/3/14 noted patient continues with ongoing complaints of neck pain with radiating to shoulders, arms, and mid back pain; depression, stomach problems and difficulty with sleep. Physical therapy helps with symptoms continue. Exam showed positive right Spurling's; myofascial triggers at lumbar/thoracic spine referral to chest wall. MRI of the cervical spine showed multi-level 1-2 mm disc bulges without neural foraminal, canal stenosis, or nerve impingement. Diagnoses include cervical radiculitis/disc bulge at C3-7; probable fibromyalgia; and myofascial dysfunction. The treatments include continuing home exercise program, PT, trigger point injection done today and TTD x 8 weeks. The patient received several trigger point injections in office. The request for 12 sessions of physical therapy (2 times a week for 6 weeks) for the cervical spine was non-certified on 2/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy (2 times a week for 6 weeks) for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The patient has received prior sessions of PT without clear specific functional improvement in ADLs, work status, or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The 12 sessions of physical therapy (2 times a week for 6 weeks) for the cervical spine is not medically necessary and appropriate.