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| <b>Case Number:</b>   | CM14-0043399 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 06/04/2012 |
| <b>Decision Date:</b> | 08/20/2014   | <b>UR Denial Date:</b>       | 04/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/10/2014 |

### 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 Hawaii. 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 case is a 52-year-old female with a date of injury on 6/4/2012. A review of the medical records indicate the patient was undergoing treatment for neck sprain, low back pain, and degenerative disc disease of cervical spine. Subjective complaints (3/25/2014) include moderate to severe neck pain that worsens with work, 8/10 pain, and no radiation. Objective findings from 11/5/2013 and 3/25/2014 are the same for the cervical spine including pain past 20% extension, normal range of motion, pain to cervicothoracic junction, negative spurlings test, and tenderness to paracervical muscles. Treatment has included amitriptyline, ultracet, physical therapy of the neck (12+ sessions), home physical therapy, and Naprosyn. A utilization review dated 4/2/2014 non-certified a request for Physical Therapy 4 visits Cervical Spine due to lack of continued functional deficit from prior physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 4 visits Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Physical Therapy, ODG Preface - Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); and (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. ODG quantifies recommended total sessions: -Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks-Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks-Displacement of cervical intervertebral disc (ICD9 722.0): --Medical treatment: 10 visits over 8 weeks--Post-injection treatment: 1-2 visits over 1 week--Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks--Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks-Degeneration of cervical intervertebral disc (ICD9 722.4): 10-12 visits over 8 weeks-Brachia neuritis or radiculitis NOS (ICD9 723.4): 12 visits over 10 weeks-Post Laminectomy Syndrome (ICD9 722.8): 10 visits over 6 weeks-Fracture of vertebral column without spinal cord injury (ICD9 805):--Medical treatment: 8 visits over 10 weeks--Post-surgical treatment: 34 visits over 16 weeks-Fracture of vertebral column with spinal cord injury (ICD9 806):--Medical treatment: 8 visits over 10 weeks--Post-surgical treatment: 48 visits over 18 weeks Work conditioning (See also Procedure Summary entry): 10 visits over 8 weeks The patient has progressed to home physical therapy already after 12+ sessions of cervical physical therapy. The objective findings and subjective complaints are unchanged from 11/2013 through 3/2014. The treating physician does not indicate what re-injury has occurred, documented rationale, or documenting objective worsening to warrant restarting physical therapy again. As such, the request for Physical Therapy 4 visits Cervical Spine is not medically necessary at this time.