

<b>Case Number:</b>	CM14-0051515		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 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 33-year-old male with date of injury of 04/29/2010. The listed diagnoses per [REDACTED] dated 03/10/2014 are: 1. Status post bilateral carpal tunnel release. 2. Lumbar sprain/strain. 3. IBD syndrome. 4. Cervical and thoracic spine sprain and strain. 5. Cervicobrachial syndrome. 6. Status post fusion L3-S1. 7. HNP at C6-C7. According to this report, the patient complains of increased constant neck pain. He also complains of arms and hands going numb, cold, and clammy. The patient also complains of low back pain that is sharp, but is feeling stronger post-op. The objective findings show the patient is alert and oriented. His blood pressure is 146/92. There is reduced strength in the bilateral left C5-T1 nerve innervations, bilateral left L5-S1 nerves. There is reduced neck and lower back range of motion with spasms. The remaining systems in exam are negative. The utilization review denied the request on 03/17/2014.

### 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 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation Neck and Upper Back Procedure.

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

**Decision rationale:** This patient presents with chronic neck pain. The treating physician is requesting physical therapy to the cervical spine 2 times a week for 4 weeks. The patient is status post lumbar surgery from 04/16/2013 and post-surgical guidelines do not apply. MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The physical therapy report dated 02/04/2014 notes visit 22 showing that the patient is able to successfully complete additions to the program without any reported increase in pain. Minimal soft tissue restrictions were noted in the right piriformis. The treating physician documents on 03/10/2014, due to neck pain flare-up, requests 8 physical therapy sessions including traction. In this case, while the treating physician reported a recent flare-up, the patient recently completed 22 physical therapy visits. The requested 8 sessions in combination with the previous 22 far exceeds MTUS recommendations. Therefore, the request is not medically necessary.