

<b>Case Number:</b>	CM14-0057312		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/10/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 51 year-old with a date of injury of 02/10/09. A progress report associated with the request for services, dated 03/20/14, identified subjective complaints of neck pain and headaches. Objective findings included decreased range of motion and spasm of the cervical spine. Diagnoses were not listed but have included (paraphrased) cervical and lumbar disc disease. Treatment had included medications but no physical therapy. A Utilization Review determination was rendered on 04/08/14 recommending non-certification of "Physical Therapy, two (2) times weekly for four (4) weeks, for the cervical spine".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, two (2) times weekly for four (4) weeks, for the cervical spine:**

Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation ODG, Physical therapy.

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

**Decision rationale:** The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for neck strain, 10 visits over 8 weeks are recommended. For cervical disc disease and radiculopathy, 10-12 visits over 8 weeks. The non-certification was based upon the likelihood of whether improvement would occur from physical therapy. The patient has not received any previous physical therapy sessions. 8 sessions are requested, which are within the recommended guidelines. Therefore, the record does document the medical necessity for 8 physical therapy sessions.