

<b>Case Number:</b>	CM14-0072311		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/22/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

The injured worker is a 58-year-old male who sustained an injury on 07/22/12 when a 5 gallon tub of ice cream fell and landed directly on his head. Diagnoses include neck pain and back pain. The CT scan of the head did not show any intracranial bleed or skull fracture. CT scan of the cervical spine showed no evidence of fracture or dislocation. He states that he now is experiencing pain across the low back which averages 5-6/10. He reports pain in posterior neck and trapezius radiating to both hand. There is numbness at the tip of his fingers. MRI of the cervical spine without contrast, 03/07/14, showed C5-6 mild to moderate foraminal narrowing due to disc degeneration and disc space narrowing. The patient previously was treated at US Health Works and seemed to have stiff neck and the past treatment included physical therapy and acupuncture, analgesics, and nonsteroidal anti-inflammatory medications. ██████ felt that the patient had severe spondylosis at C5-C6 with mild to moderate foraminal narrowing as well as lumbar sprain. He was diagnosed with neck sprain and strain, cervical spondylosis with myelopathy. The request for UR for PT evaluation and treatment 2x6 (12) to C Spine was modified to 6 visits on 05/02/14 due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT evaluation and treatment 2x6 (12) to C Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. ODG guidelines recommends 9 visits over 8 weeks Intervertebral disc disorders without myelopathy. In this case, the injured worker has already received unknown number of physical therapy visits. However, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional PT visits would exceed the guidelines criteria. Furthermore, there is no mention of the patient utilizing an HEP (At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels). Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.