

<b>Case Number:</b>	CM14-0072574		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/11/1997
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/23/2014
<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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 66-year-old female who has submitted a claim for headache and chronic pain due to trauma associated with an industrial injury date of November 11, 1997. Medical records from February 11, 2014 up to May 5, 2014 were reviewed showing right sided neck pain with accompanying occipital headaches and neck spasms. Headaches were intermittent lasting for 1 day up to 2 weeks, associated with nausea and photophobia, sometimes 10/10 in severity. Physical examination of spine revealed right-sided sub-occipital tenderness, right upper cervical facet tenderness, and positive facet loading test on the right. An MRI was done on March 21, 2012 showed right frontal development venous anomaly. Treatment to date has included activity modification, trigger point injection, physical therapy, chiropractic care, acupuncture, facet joint injection, Cymbalta, Lexapro, Protonix, Imitrex, Aleve, Norco, gabapentin, Klonopin, Nortriptyline, Paxil, Zoloft, Xanax, Effexor, Tramadol, Elavil, and Wellbutrin. Utilization review from April 23, 2014 denied the request for Physical Therapy x 4. Given that the date of injury was November 11, 1997, a home exercise program should already be in place. In addition, the patient has been treated with physical therapy in the past with no significant improvement. There is no documentation of the amount of therapy sessions completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT (Physical Therapy) x 4: Upheld**

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

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

**Decision rationale:** As stated in the CA MTUS, "A time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount." In this case, records submitted showed that patient initially attended a course of physical therapy. However, the number of visits completed, as well as functional outcomes was not documented. In addition, there was no mention of body part to be treated. The medical necessity of additional Physical Therapy visits cannot be established due to insufficient information. Therefore, the request for Physical Therapy X 4 is not medically necessary.