

<b>Case Number:</b>	CM14-0076244		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/28/2007
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2014

### 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 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 claimant injured her cervical spine on 03/28/07. 6 sessions of PT are under review. She reportedly has chronic pain in her neck, low back, and bilateral hands with tingling, weakness, and headaches. She has had PT but the number of visits to date is unknown. She saw [REDACTED] on 01/21/14. She reported chronic pain symptoms and stated that she had learned home exercises and how to manage her pain and she was continuing the exercises. She complained of severe neck pain and an inability to get comfortable at night. She was exercising also at a gym and doing aquatic aerobics for exercise. She always had neck pain with her headaches. Physical examination revealed straightening of the spine with loss of normal lordosis. Range of motion was restricted with near full range of motion but very stiff with testing and painful. Spurling's maneuver produces no radicular symptoms. She had loss of sensation in bilateral hands in the median nerve distribution and the right medial leg. Muscle strength was intact. Reflexes were decreased but symmetric. Botox injections were recommended. She received Topiramate. On 1/27/14, she saw [REDACTED] and complained of severe headaches and ongoing neck pain. A course of Botox was under consideration. On 02/06/14, she was still having daily headaches and felt her head was going to explode. Topamax was less effective. She was not leaving the house much. She was on multiple medications. She appeared to be calm and depressed. There was no pain behaviors noted. There was some straightening of the spine as before. Physical examination was overall unchanged. She was still doing home exercises and the aquatic program at a gym. Botox again was recommended. [REDACTED] stated on 02/26/14 that she had not had formal PT for her neck and she did not have a good home exercise program. A course of physical therapy was ordered. On 03/17/14, she saw [REDACTED] again. She had the same symptoms. Therapy was recommended for her neck which she had not had. Her findings were unchanged. She had some tenderness about the rhomboids and trapezius muscles. An MRI and

PT were recommended. On 04/02/14, she reportedly had attended physical therapy since the last visit but was not significantly changed. She had completed one session. On 05/01/14, she was seen again. She reported being active and going to the gym twice a week and doing water exercises. She had completed PT for her neck. An additional 6 visits were ordered. Overall, the notes are very difficult to follow.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy to the neck, two sessions per week for three weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine treatment Page(s): 130.

**Decision rationale:** The history and documentation do not objectively support the request for an additional 6 visits of PT for the cervical spine. The MTUS recommend physical medicine treatment for some chronic conditions and state "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." The claimant has completed a course of PT in early to mid-2014, though the number of visits is unknown. There is no objective clinical information that indicates that she received significant benefit with documented evidence of functional improvement with this treatment. There is no evidence that she remains unable to continue her rehab with an independent HEP which multiple office notes indicate she is already doing. She should have received HEP instruction during her course of PT in 2014. The medical necessity of the additional 6 visits of therapy has not been clearly demonstrated. Therefore the request is not medically necessary.