

<b>Case Number:</b>	CM14-0112403		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old male who sustained an industrial injury on January 14, 2013. He has reported neck pain and has been diagnosed with neck pain, headache, syndrome cervicocranial syndrome, cervical strain, suspected cervical spondylosis, and cervicogenic headaches. Treatment has included physical therapy and medication management. Currently the injured worker continues to report a feeling of fullness in both ears since the head trauma. There is also residual sensations of vertigo with rapid movement of the head and when lying down. The treatment plan included 8 additional physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 8 treatments (Cervical):** 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:** The patient was injured on 01/14/2013 and presents with chronic neck pain as well as severe headaches. The request is for 8 SESSIONS OF PHYSICAL THERAPY FOR THE NECK/CERVICAL SPINE. The RFA is dated 07/08/2014 and the patient is currently off duty. MTUS Chronic Pain Medical Treatment Guidelines page 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with pain-related insomnia, reactive depression, cervicogenic headaches, suspected cervical spondylosis, cervical strain, post-concussion syndrome, cervicocranial syndrome, neck pain, headache, syndrome post-concussion, and long-term use of medications. In this case, the treater states that the patient has already had 3 sessions of physical therapy. The 07/02/2014 report states "he recently completed 3 physical therapy sessions for his neck pain and has only one more PT session authorized, which is scheduled for tomorrow. He is hoping to continue with PT as he thinks he is making progress and the physical therapist also recommended that he continue with physical therapy to improve upon his gains so far." Review of the reports does not indicate if the patient has had any recent surgery. An additional 8 sessions of physical therapy to the 4 sessions the patient has already been authorized exceeds what is allowed by MTUS Guidelines. Therefore, the requested physical therapy IS NOT medically necessary.