

<b>Case Number:</b>	CM14-0194775		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/02/2011
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 & 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 54-year-old female, with a reported date of injury of 08/02/2011. The results of injury were neck pain secondary to prolonged sitting and positioning of her head and neck. The current diagnoses include chronic pain; displacement of cervical disc without myelopathy; neuralgia, neuritis, and radiculitis; and cervicgia. The past diagnosis includes cervical/trapezial musculoligamentous sprain/strain, mild right neuroforaminal stenosis at C5-C6; multilevel minimal to mild disc bulges at C3-C7; minimal to mild stenosis at C3-C7; and bilateral upper extremity radiculitis. Treatments have included physical therapy; injection to the trapezius muscle, with some relief; cervical mechanical traction, with benefit; seven (7) sessions of chiropractic treatment to the cervical spine, which provided some relief of the neck and shoulder pain; an MRI of the cervical spine on 08/15/2011; and electromyography/nerve conduction velocity studies of the cervical spine. The medical records provided for review did not include physical therapy reports, chiropractic reports, or electrodiagnostic study reports. The medical record dated 07/22/2014 indicated that the injured worker had intermittent radiating tingling and numbness, with shocking-type radiating pain down both of her arms. The physical examination showed tenderness to palpation of the cervical spine, with decreased range of motion to extension; tenderness to palpation of the facets; generalized moderate tenderness over the neck and shoulder girdle; full, painless range of motion of the neck; and normal strength and tone. The treating physician referred the injured worker to acupuncture and physical therapy for the cervical spine, with electric stimulation and gentle traction. The visit on 09/22/2014 did not include a physical examination. The treating physician indicated that the gentle traction from physical therapy has helped the injured worker, and that she would benefit from a self-directed course of cervical traction. On 10/15/2014, Utilization Review (UR) denied the request for physical therapy, two to three (2-3) times a week for four to six (4-6) weeks and acupuncture

times eight (8) sessions for the neck. The UR physician cited the MTUS Chronic Pain Guidelines and noted that there is no documentation of current flare-ups, no evidence of nerve root degeneration at the neck, and there is a lack of evidence for an active home exercise program.

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

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

**Physical therapy 2-3 times a week for 4 to 6 weeks: 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 Page(s): 98, 99.

**Decision rationale:** The patient presents with cervical spine pain. The current request is for Physical Therapy 2-3 times a week for 4 to 6 weeks. The treating physician indicates in their 09/22/14 (49) report that the current request is meant to help the patient with their pain. The MTUS Guidelines supports physical therapy and states for, "Myalgia, myositis and neuritis type conditions, unspecified (ICD9 729.1): 8-10 visits over 8 weeks." There is no documentation of any new injuries or rationale as to why additional physical therapy is required at this juncture following a previous round of PT less than 6 months prior to this request. The current request is for 8-18 physical therapy visits which exceed the MTUS guidelines. The request is not medically necessary.

**Acupuncture x8 sessions for the neck: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The patient presents with cervical spine pain. The current request is for Acupuncture x8 sessions for the neck. The treating physician indicates in their 09/22/14 (49) report that the current request is meant to help the patient with their pain. Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. In this case, there is no evidence of prior acupuncture treatments provided and a trial of 6 sessions may be reasonable but the requested 8 sessions are in excess of the Acupuncture guidelines. The request is not medically necessary.