

<b>Case Number:</b>	CM14-0195363		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	08/08/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Family Practice, 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:

This 65 year old female sustained a work related injury on 8/8/2009. The current diagnoses are right C3-4 severe foraminal stenosis, cervical foraminal stenosis, cervical spondylosis/degenerative disc disease, and right upper quadrant sympathetic-mediated pain. According to the progress report dated 9/24/2014, the injured workers chief complaints were constant moderate pain with intermittent severe pain in the neck, upper back, and shoulders, right greater than left. The character of the pain is burning spasm, deep, and electric stabbing. The pain is worsened by standing, sitting, walking, bending, and lifting. She reported weakness in the arm, back and legs with numbness in the left leg and hands sometimes at night. She does have problems with her gait and has difficulty ambulating in her left leg. Additionally, she reports urinary retention. No physical exam findings were noted within this report. Current medications are Norco, Zanaflex, Cymbalta, and Xanax. On this date, the treating physician prescribed physical therapy, which is now under review. The treating physician did not describe any specific reasons for prescribing the physical therapy. On 8/29/2014, the injured worker underwent a right stellate ganglion block. She reported 15% early relief from the procedure, and currently 25% improvement approximately four weeks later. In addition to physical therapy, the treatment plan included an additional stellate ganglion block. When physical therapy was prescribed work status was not described. On 10/20/2014, Utilization Review had non-certified a prescription for physical therapy. The physical therapy was non-certified based on no documentation of any new residual deficits that warrant additional individual physical therapy. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for 6 weeks, one every 2 weeks x 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck pain and physical therapy

**Decision rationale:** According to the ODG guidelines, 1-2 visits of physical therapy are recommended after an injection. The claimant was being authorized for a ganglion block. The injury was chronic and there was no indication of need for therapy that cannot be weaned on a home exercise program. According to the ACOEM guidelines, 1-2 sessions of physical therapy may be appropriate for education, counseling and evaluation. The request above exceeds the time frame and frequency interval recommended and is not medically necessary.