

<b>Case Number:</b>	CM14-0201063		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 30, 2013. In a utilization review report dated November 7, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy for the cervical spine as 6 sessions of physical therapy for the cervical spine. The applicant's attorney subsequently appealed. In a progress note dated December 1, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant was using Flexeril, Nexium, tramadol, Norco, Naprosyn, and Prilosec, it was stated. Highly variable pain complaints ranging from 4-8/10 were noted. Additional physical therapy was again sought. The applicant's work status was not clearly detailed. On November 3, 2014, the applicant was described as not significantly improved following earlier cervical epidural steroid injection. Left upper extremity paresthesias were still evident. Physical therapy and manipulative therapy were sought. The applicant was described as having failed epidural steroid injection therapy. It was stated that the applicant would likely require cervical fusion surgery. The applicant's work status was not clearly outlined in any section of the note. On February 27, 2014, it was acknowledged that the applicant was no longer working and had been "previously employed" as a driver. The applicant had not worked since October 2013, it was acknowledged. The applicant was using tramadol, Robaxin, Flexeril, and Naprosyn as of this point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 6 weeks for cervical: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional Restoration Approach to Chronic Pain Management Page(s): 99, 8.

**Decision rationale:** The 12-session course of therapy proposed, in and of itself, represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is also noted that this recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off work, on total temporary disability. The applicant remains dependent on various opioid and nonopioid medications, including tramadol, Naprosyn, Norco, Robaxin, Flexeril, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite completion of extensive prior physical therapy in 2013 and 2014. Therefore, the request for additional physical therapy is not medically necessary.