

<b>Case Number:</b>	CM14-0209328		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/03/2009
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of May 3, 2009. A utilization review determination dated December 2, 2014 recommends noncertification of physical therapy for the cervical spine. Noncertification was recommended since the physical therapy was requested in conjunction with an epidural injection which was non-certified. An appeal letter dated November 17, 2014 contains a quotation from the California MTUS guidelines for physical medicine treatment. The note indicates that the patient has pain in the head with radiation to both arms. The patient has numbness and tingling in the hands and feet and weakness in the hands. The patient had a positive Tinel's sign and positive Phalen's sign. Diagnoses include cervical radiculitis. The treatment plan recommends epidural steroid injections in the cervical and lumbar spine as well as a physical therapy evaluation and treatment for his low back and neck due to worsening symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Physical Therapy Visits to Cervical: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Page(s): 98. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Guidelines recommend 10 visits of physical therapy for cervical degenerative disc disease and 12 visits for cervical radiculitis. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended as an initial trial (6 visits) by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.