

<b>Case Number:</b>	CM15-0107018		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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 57 year old male, who sustained an industrial injury on 04/16/2014. He has reported injury to the head and neck. The diagnoses have included bilateral neck pain; cervical sprain; cervical spinous process fracture; cervical disc protrusion; and cervical facet spondylosis. Treatment to date has included medications, diagnostics, physical therapy, and cervical spine bilateral facet blocks at the C5-6 level. Medications have included Ultram ER, Nalfon, and Flexeril. A progress note from the treating physician, dated 04/10/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant slight to intermittent moderate and occasionally severe neck pain increasing with activity; the pain radiates to the trapezius musculature bilaterally; he notes stiffness, tightness, and occasional noise; and he denies radicular pain, numbness, or tingling in the arms at this time. Objective findings included decreased range of motion of the cervical spine with extension, flexion, lateral left, and lateral right ranges. The treatment plan has included the request for 8 physical therapy visits for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy visits for the cervical spine:** Overturned

**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 presents with severe neck pain radiating to the trapezius musculature bilaterally. The request is for 8 PHYSICAL THERAPY VISITS FOR THE CERVICAL SPINE. The request for authorization is not provided. MRI of the cervical spine, 09/06/14, shows chronic loss of height of the vertebral body, C3 through C6; marrow edema at the C7 spinous process that may represent contusion versus nondisplaced fracture, and at C3-4 moderate disc/osteophyte complex with facet and uncovertebral hypertrophy and moderate canal stenosis with severe neural foraminal narrowing bilaterally. Physical examination of the cervical spine reveals tenderness to palpation about the paraspinals as well as the upper trapezial muscle group and also at the junction of the cervicothoracic region. The patient has had two cervical epidural injections. Patient's medications include Ultram, Nalfon and Flexeril. Per progress report dated 04/10/15, the patient is temporarily totally disabled. MTUS Chronic Pain Management Guidelines, pages 98, 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 05/07/15, treater's reason for the request is "[QME report] also indicates the patient should undergo physical therapy." In this case, given the patient's condition, a short course of physical therapy would be indicated. Review of medical records shows the patient previously has not been provided any visits of physical therapy. MTUS allows up to 10 visits of physical therapy. Therefore, the request IS medically necessary.