

<b>Case Number:</b>	CM15-0010239		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/05/2014
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 (IW) is a 42 year old female who sustained an industrial injury on 08/05/2014. She has reported pain in the cervical spine with radiation into the right hand with numbness and tingling in the hand. Diagnoses include brachial neuritis and cervicgia. Treatment to date include over the counter non-steroidal anti-inflammatory and physical therapy. The IW has had an orthopedic spinal consultation. A progress note from the treating provider dated 11/20/2014 indicates there is tenderness and guarding to deep palpation on the right side posterior of the cervical spine and trapezius. There was no atrophy, and the cervical lordosis was normal. Neurologic tests, range of motion and reflexes were normal. A MRI showed mild stenosis and her x-ray showed mild degenerative joint disease at C5-6. Plan of care included physical therapy for the cervical spine, muscle stimulation, meds, traction and deep tissue massage. On 01/12/2015 Utilization Review non-certified a request for 12 sessions of physical therapy for the cervical spine The MTUS Guidelines were cited. On 01/12/2015 Utilization Review also non-certified a request for Saunders traction for home use. The ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for the cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

**Decision rationale:** The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the request for 12 session of physical therapy exceeds the guidelines for 9-10 sessions over 8 weeks. The request for 12 sessions of physical therapy sessions is denied.

**Saunders traction for home use:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Traction.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** ACOEM Chapter on Neck and Upper Back states that traction is not recommended as a treatment for neck or arm pain. Cervical traction is not supported by the medical literature as an effective treatment and therefore is not medically indicated.