

<b>Case Number:</b>	CM15-0133710		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Internal Medicine

### 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 April 12, 2010. The injured worker has complaints of neck pain and headaches. The documentation noted moderate tenderness over the neck and shoulder girdle, generalized severe tenderness over the neck and shoulder girdle. The diagnoses have included cervicgia. Treatment to date has included physical therapy; injections; Ultram; Butrans and biofreeze spray. The request was for physical therapy x8 sessions for the neck and electrical stimulation unit for purchase for the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy x8 sessions for the neck:** 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): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical PT on page 1032.

**Decision rationale:** The MTUS states that physical modality treatment for the neck should include specific exercises for the neck for ROM and strengthening. At home, treatments should be initially cold packs and then later hot and or cold packs applied. Also, relaxation techniques and aerobic activities should be stressed. Lastly, one or two PT sessions should be allowed to provide education, counseling, and supervision of an at home exercise program. The ODG discusses PT treatment for cervical pain caused by an intervertebral disc problem without myelopathy. It states that medical treatment should be provided with 10 visits over an 8 week period, postop for discectomy should comprise 16 visits over an 8 week period, and lastly cervical fusion should be allowed 34 post op visits over 8 weeks. The goal of PT is to educate the patient and train him to do home exercises when he is symptomatic. The patient suffered his injury in 2010 and he has already had PT. He should be well trained and able to conduct a home exercise program in order to address his symptomatology. Therefore, the request was not medically necessary and the UR was justified in its decision.

**E-Stim unit for purchase for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy-Neuromuscular electrical stimulation (NMES devices).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 127 of the chronic pain chapter.

**Decision rationale:** NMES or neuromuscular electrical stimulation is a type of transcutaneous electrotherapy. It is used for stimulation of post stroke patients but there are no studies confirming its usefulness in the treatment of chronic pain. Therefore, the MTUS does not recommend it for the treatment of chronic pain. NMES is the type of neurostimulator requested in our patient. As stated above, there is no evidence it has any benefit in chronic pain and the UR was justified in its denial. The request was not medically necessary.