

<b>Case Number:</b>	CM15-0142200		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 37 year old male, who sustained an industrial injury on February 10, 2012. He reported neck and right shoulder pain. Treatment to date has included MRI, x-rays, surgery, injections, physical therapy, brace and medication. Currently, the injured worker complains of neck and upper extremity pain. He is diagnosed with cervical radiculopathy, cervical stenosis, post cervical discectomy and fusion. His work status is permanent and stationary. In a note dated February 24, 2015, the injured worker reports relief from his symptoms after surgical intervention. A note dated May 12, 2015, states the injured worker complains of pain and reports no relief experienced from any treatment provided. The following, physical therapy to the cervical spine, 6 sessions, and pain management consultation are requested in an effort to decrease the injured workers pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Cervical Spine, 6 sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Physical Medicine Page(s): 88 and 89.

**Decision rationale:** The patient presents on 05/12/15 with unrated cervical spine pain with associated loss of strength and sensation in the bilateral upper extremities. The patient's date of injury is 02/10/12. Patient is status post C5-7 anterior cervical fusion on 01/24/13. The request is for physical therapy, cervical spine, 6 sessions. The RFA was not provided. Physical examination dated 05/12/15 reveals a well healed anterior incision on the neck, reduced range of cervical motion in all planes, positive Spurling's test, decreased upper extremity strength bilaterally, and decreased sensation to light touch along the C5-6 dermatomal distributions bilaterally. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines, pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In regard to the 6 sessions of physical therapy directed at this patient's neck pain, the request is appropriate. There is no evidence in the documentation provided that this patient has received any physical therapy directed at his neck complaint to date. Utilization review non-certified this request on grounds that: "There is no comprehensive assessment of recent treatment completed to date, or the patient's response thereto submitted for review. The patient's physical examination is largely unremarkable." This patient presents with a significant surgical history, increasing neck pain, and signs of neurological compromise in the upper extremities. Given the lack of evidence of recent physical therapy directed at this patient's neck pain, a 6 session series of physical therapy falls within guideline recommendations and is an appropriate intervention. Therefore, the request IS medically necessary.

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines: Chapter 7: Independent Medical Examinations and Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM American College of Occupational and Environmental Medicine Guidelines, 2nd Edition, 2004, Chapter 7, page 127.

**Decision rationale:** The patient presents on 05/12/15 with unrated cervical spine pain with associated loss of strength and sensation in the bilateral upper extremities. The patient's date of injury is 02/10/12. Patient is status post C5-7 anterior cervical fusion on 01/24/13. The request is for PAIN MANAGEMENT CONSULTATION. The RFA was not provided. Physical examination dated 05/12/15 reveals a well healed anterior incision on the neck, reduced range of cervical motion in all planes, positive Spurling's test, decreased upper extremity strength bilaterally, and decreased sensation to light touch along the C5-6 dermatomal distributions bilaterally. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient is currently classified as permanent and stationary. American College of Occupational and Environmental Medicine -ACOEM-, 2nd Edition, -2004- ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if

a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for consultation with a pain management, the referral is appropriate. Progress reports provided do not provide a detailed history of this patient's pain consultations. The most recent progress report, dated 05/12/15 discusses the need for pain specialist management citing this patient's unresolved and increasing neck pain. This patient's chronic pain symptoms could benefit from additional specialist treatment and such consultations are supported by guidelines at the care provider's discretion. Therefore, the request IS medically necessary.