

<b>Case Number:</b>	CM15-0145576		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic neck pain with derivative complaints of depression reportedly associated with an industrial assault injury of April 18, 2012. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for 24 sessions of physical therapy for the cervical spine. The claims administrator referenced a June 16, 2015 RFA form and an associated progress note of June 22, 2015 in its determination. On April 20, 2015, the applicant reported ongoing complaints of neck pain status post earlier failed cervical fusion surgery. The applicant reported heightened symptoms of depression. The applicant was using Norco, Ambien, and bisacodyl, it was reported. Portions of the progress note appeared to have been truncated as a result of repetitive photocopying and faxing. On June 1, 2015, the applicant reported ongoing complaints of neck pain status post earlier failed spine surgery. The applicant's medications included Cymbalta, Norco, Ambien, and bisacodyl, it was reported. The applicant reported heightened symptoms of depression. Little-to-no discussion of medication efficacy transpired. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. The attending provider stated that the applicant had undergone earlier cervical spine surgery at an unspecified point in time. The applicant's permanent work restrictions were continued. The applicant was apparently asked to pursue physical therapy to ameliorate his gait. The applicant was given a diagnosis of cervical spine cord injury status post earlier failed spine surgery, T1-related paraplegia, neurogenic bladder, spasticity, neuropathic pain, and adjustment disorder with depressed mood.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, cervical spine, 3 x 8 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 7.

**Decision rationale:** No, the request for 24 sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. The 24-session course of treatment at issue, in and of itself, represents treatment in excess of the 8 to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guideline for neuritis, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for physical therapy which clearly states treatment goals. Here, however, clear treatment goals were neither stated nor formulated on June 1, 2015. It did not appear that the applicant was working. The applicant remained dependent on Norco, it was reported. It was not stated how further physical therapy could benefit or profit the applicant here, given the fact that the applicant had longstanding issues with neurogenic bladder, paraplegia, chronic neck pain, etc. Therefore, the request was not medically necessary.