

<b>Case Number:</b>	CM15-0149791		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 43 year old female who sustained an industrial injury on 12-16-14. She had complaints of feeling dizzy, dazed, weak, nervous, nauseated with headaches and pain in her jaw, neck, upper back, shoulder, upper arm and forearm. She was diagnosed with cervical sprain and radiculopathy. Treatments include: medication and physical therapy. Most recent progress report dated 2-2-15 reports continued complaints of neck pain described as sharp, achy, throbbing, burning, stinging, shooting, pounding with occurrence of spasm. The pain is rated 4-5 out of 10 at rest and 6 out of 10 with activities. She has occasional shoulder pain that is dull, achy, cutting and stinging with spasms. The pain is rated 4-5 out of 10 at rest and 6 out of 10 with activities. She has intermittent upper back pain that is dull, cutting and shooting with spasms. The pain increases with twisting to the left, coughing, sneezing, straining, lifting, typing and reaching. She has intermittent arm pain that is dull, achy and cutting with spasms. The pain is rated 4-6 out of 10 at rest and 9 out of 10 with activity. The pain is associated with numbness and weakness. Diagnoses include: cervical myalgia, cervical myospasm and cervical sprain and strain. Plan of care includes: Tramadol 150 mg, #60, naproxen 550 mg, #60, request cervical MRI and request physical therapy 3 times per week for 4 weeks. Work status: temporarily totally disabled for 45 days. Follow up in 4 weeks.

### 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 times wkly for 4 wks, 12 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Neck and Upper Back (Acute & Chronic), physical therapy.

**Decision rationale:** The claimant sustained a work injury in December 2014 and continues to be treated for neck and occasional shoulder pain. Case notes reference completion of 16 physical therapy treatments. When seen, she was having neck pain. Prior physical examination findings had included cervical spine tenderness with decreased and painful range of motion with a normal neurological examination and a BMI of over 30. The claimant is being treated for chronic pain with no new injury and has already had physical therapy in excess of that recommended for a cervical strain. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.