

<b>Case Number:</b>	CM15-0160709		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/01/2000
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 46 year old male who sustained an industrial injury on 08-01-2000. Mechanism of injury was not found in documentation presented for review. Diagnoses include cervical radiculopathy, cervical pain and muscle spasms. Treatment to date has included diagnostic studies, medications, physical therapy visits, home exercise program, neuropsychologist visits, injections, and status post two cervical neck fusions. His current medications include Aspirin, Testosterone, Celexa, Diazepam, Etodolac, Furosemide, Hydrocodone-APAP, Lisinopril, Minocycline, Vytarin, Opana and Tizanidine. He is currently working. A physician progress note dated 07-14-2015 documents the injured worker has complaints of increasing neck and back pain, and he has been out of medications. He also complains of depression. He walks with an antalgic gait. On examination he walks with a mildly antalgic gait. He has tenderness and fullness throughout his neck and upper trapezius region as well as the upper thoracic spine. Several documents within the submitted medical records are difficult to decipher. Treatment requested is for PT 1x24 Cervical Spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 1x24 Cervical Spine:** 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.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 2000 and continues to be treated for neck, upper thoracic, and upper trapezius pain. In March 2015, a continued home exercise program was recommended. When seen, he was having increasing pain. He was becoming more discouraged. Physical examination findings included a mildly antalgic gait with decreased movements. There was cervical spine, upper trapezius, and upper thoracic tenderness and fullness. The claimant is being treated for chronic pain with no new injury and has already had physical therapy with a home exercise program in March 2015. 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.