

<b>Case Number:</b>	CM15-0161821		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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, shoulder, mid back, and upper back pain reportedly associated with an industrial injury of November 1, 2005. In a Utilization Review report dated July 21, 2015, the claims administrator failed to approve a request for eight sessions of physical therapy. The claims administrator referenced a July 10, 2015 progress note and an associated July 13, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On August 17, 2015, the applicant reported ongoing complaints of neck, shoulder, and elbow pain complaints. A rather proscriptive 5-pound lifting limitation was endorsed. The note was very difficult to follow and some sections of the note stated that the applicant could return to regular work, while another section stated that the applicant was permanently disabled. The bulk of information on file, however, suggested that the applicant was not working with rather proscriptive 5-pound lifting limitation in place. The applicant had developed derivative complaints of psychological stress and anxiety as of this point in time. On July 10, 2015, the applicant reported ongoing complaints of neck, mid back, bilateral shoulder, and right arm pain. The applicant was on Neurontin and Cymbalta, it was reported. Eight sessions of physical therapy were endorsed. The same, unchanged rather proscriptive 5-pound lifting limitation was renewed. The attending provider stated that the applicant should not work more than 2 hours a day. Once again, it did not appear that the applicant was working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for the Cervical Spine Qty: 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Guidelines; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** No, the request for eight sessions of physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. While the eight-session course of therapy at issue is in-line with the 8- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here, this recommendation is, however, 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 on page 48 of the ACOEM Practice Guidelines to the effect that it is incumbent upon an attending provider to furnish a prescription for physical therapy which clearly states treatment goals. Here, however, all evidence on file pointed to the applicant having effectively plateaued following receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant was given same, unchanged rather proscriptive 5-pound lifting limitation on office visits of August 17, 2015 and on July 10, 2015. The applicant remained dependent on analgesic and adjuvant medications to include Neurontin and Cymbalta. All of the foregoing, taken together, suggested that the applicant had plateaued in terms of the functional improvement measures established in MTUS 9792.20e following receipt of earlier unspecified amounts of physical therapy over the course of the claim. Clear treatment goals for further therapy, going forward, were not articulated. It did not appear likely that the applicant would stand to gain further treatment, going forward, in terms of the functional improvements parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.