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| <b>Case Number:</b>   | CM15-0165540 |                              |            |
| <b>Date Assigned:</b> | 09/03/2015   | <b>Date of Injury:</b>       | 02/25/2015 |
| <b>Decision Date:</b> | 10/06/2015   | <b>UR Denial Date:</b>       | 08/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/24/2015 |

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 46 year old male who sustained an industrial injury on 02-25-2015. He had a previous workers' comp claim in 2011 when he hurt his thoracic spine and right shoulder and has since recovered. Mechanism of injury occurred when he was struck on the neck-head by a box of unknown weight. Diagnoses include status post head trauma, cervical sprain, and strain-rule out intervertebral disc syndrome. Treatment to date has included diagnostic studies, acupuncture, and physical therapy. He is using Capsaicin patches. He is currently not working. The Pain Management physician progress note dated 07-31-2015 documents the injured worker complains of cervical spine pain, which he rates as 6 out of 10 on the pain scale. The pain radiates to his bilateral shoulder blades. He also has thoracic spine pain. He has moderate paraspinous muscle tenderness and spasm and trigger points. There is facet tenderness to palpation at C4 through C7. Cervical spine range of motion is restricted with flexion and extension. He has moderate lower thoracic paraspinous muscle tenderness. The pain management physician's treatment plan includes trigger point injections, a computed tomography scan of the cervical spine, and he will be started on Tramadol, Fexmid, Motrin, and Protonix. Treatment requested is for physical therapy, cervical/ thoracic spine, and additional 6 therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Cervical/ Thoracic Spine, additional 6 therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy, Low back section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy, cervical/thoracic spine, additional six therapy sessions are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post head trauma; and cervical spine sprain strain rule out intervertebral disc disease. Date of injury is February 25, 2015. Request for authorization is July 30, 2015. According to a May 26, 2015 initial chiropractic evaluation, injured worker had neck x-rays and received 18 physical therapy sessions without relief. There is no documentation referencing the thoracic spine and treatment provided to that region. The treatment plan contains a request for acupuncture and an MRI and cervical spine. There is no treatment request for additional physical therapy. There are no compelling clinical facts in the medical record indicating additional physical therapy over the recommended guidelines as clinically indicated. Based on clinical information the medical records, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement (moreover, the treating provider indicates 18 physical therapy sessions were without relief) and no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated, physical therapy, cervical/thoracic spine, the request for additional six therapy sessions is not medically necessary.