

<b>Case Number:</b>	CM15-0182143		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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, Illinois

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 injured worker is a 53 year old female who sustained an industrial injury July 25, 2014. According to a treating physician's progress notes dated July 22, 2015, the injured worker is continuing physical therapy with further improvement of her neck pain. She complains of intermittent residual headaches and fatigability, balance difficulties and photophobia, decreased mental fogginess, slight improvement in concentration and memory, drowsiness and slightly improved sleep. The treating physician documented the injured worker had neuropsychiatric tests which were unremarkable. Objective findings included; cervical flexion remained at 50 degrees, extension increased to 50 degrees, right side bending slightly increased to 35 degrees and left side bending slightly increased to 40 degrees and bilateral rotation increased to 70 degrees; cervical paraspinal spasm and tenderness present; C6-T1 midline tenderness; bilateral suprascapular spasm with tenderness; bilateral upper trapezius tenderness; negative Spurling's maneuver. Diagnoses are contusion of face, scalp, and neck except eye(s); post-concussion syndrome; neck sprain; cervical spondylosis without myelopathy. At issue, is the request for authorization dated September 3, 2015, for additional physical therapy x 4 for cervical spine and occupational therapy x 6 for cognitive remediation for cervical spine. According to utilization review decision dated September 15, 2015, the request for additional PT (Physical Therapy) x 4, for the cervical spine is non-certified. The request for OT (Occupational Therapy) x 6 for cognitive remediation is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy x4 for cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Therapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) Vestibular PT rehabilitation and Other Medical Treatment Guidelines Medscape Does the [REDACTED] Programme' Reduce Mortality and Falls in Older Adults: A Systematic Review and Meta-analysis [http://www.medscape.com/viewarticle/731240\\_2](http://www.medscape.com/viewarticle/731240_2).

**Decision rationale:** The injured worker sustained a work related injury on July 25, 2014. The medical records provided indicate the diagnosis of contusion of face, scalp, and neck except eye(s); post-concussion syndrome; neck sprain; cervical spondylosis without myelopathy. Treatments have included physical therapy. use of assistive devices, OT/Cognitive therapy. The medical records provided for review do not indicate a medical necessity for Additional physical therapy x4 for cervical spine. The medical records indicate the injured worker's current medical problems include balance disorders, drowsiness and easy fatigability. The request for physical therapy is aimed at improving balance and coordination; gait retraining, and vestibular exercises. The MTUS is silent on the use of physical therapy for the management of head injuries or vestibular disorders; nevertheless, the MTUS recommends a fading treatment of 10 physical therapy visits over 8 weeks followed by home exercise program for most musculoskeletal disorders, except reflex sympathetic dystrophy where it recommends 24. The Official Disability Guidelines has a strong recommendation for physical therapy for up to six months, in the management of head injury disorders associated with vestibular injuries, provided this follows the [REDACTED] Program. Program. Medscape describes the [REDACTED] Program as a tailored, home based, strength and balance retraining program, that is carried out at least three times per week, sometimes up to a year or more. The medical records indicate the injured work has had 20 or more physical therapy visits; therefore, based on the MTUS recommendation of not more than 10 visits, and based on the Official Disability Guidelines recommendation for it to be based on the [REDACTED] program, which is a home based program, the recommended physical therapy is not medically necessary.

**Occupational therapy x6 for cognitive remediation for cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**Decision rationale:** The injured worker sustained a work related injury on July 25, 2014. The medical records provided indicate the diagnosis of contusion of face, scalp, and neck except eye(s); post-concussion syndrome; neck sprain; cervical spondylosis without myelopathy. Treatments have included physical therapy use of assistive devices, OT/Cognitive therapy. The medical records provided for review do not indicate a medical necessity for Occupational therapy x6 for cognitive remediation for cervical spine. The medical records indicate she was recommended for six sessions of Cognitive Behavioral therapy in 01/2015, but the documents reviewed did not provide any information on the outcome. The MTUS recommends screen individuals with risk factors for delayed recovery, including fear avoidance beliefs; if needed, provide initial therapy for these at risk patients using physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine; then consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The requested treatment is not medically necessary since the outcome of previous request is unknown.