

<b>Case Number:</b>	CM15-0186573		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/04/2006
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 66 year old male who sustained an industrial injury on 05/04/2006. Medical records indicated the worker was treated for cervicgia. In the provider notes of 07-30-2015, the worker is seen for a flare-up of pain rated a 7 on a scale of 0-10 described as sharp, pins-and-needles in the neck area radiating to the right side of the neck. Lying down makes it worse, sitting makes it better. He complains of a lack of sleep, and he has been out of medication for three nights. Current medications included Norco, Soma, and Medrol. On exam, there is tightness of the paravertebral, splenius crepitis, trapezii, and levator scapulae. He has a positive Spurling maneuver on the right and impingement sign is negative. The range of motion of the cervical spine is restricted, and he has crepitis of the right shoulder. There are no visual physical anomalies. The impressions at exam are those of chronic cervical mechanical myofascial pain with flare-up, chronic right cervical syndrome at C5-C6 with flare-up, Disc protrusion at C5-C6 and C6-C7, and cervical spondylosis (nonindustrial). The treatment plan is for physical therapy, and refills of Norco, Soma, and prescription of a Medrol pack. His work status is modified duty. A request for authorization was submitted for 6 sessions of physical therapy for the cervical spine with evaluation. A utilization review decision 08-19-2015 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of physical therapy for the cervical spine with evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 May 2006 and continues to be treated for neck pain with radiating symptoms. In May 2015, he was having more intense pain due to working out at a gym every day. His pain was not stabilizing. He was referred for acupuncture. There are five acupuncture treatments documented through 07/17/15. When seen, he was having a flare-up of pain, which was rated at 7/10. He was having difficulty sleeping. Physical examination findings included a body mass index over 27. There was decreased cervical spine range of motion with paravertebral, trapezius, levator scapular, and splenius capitis muscle tightness. Spurling's testing was positive on the right side. There was right shoulder crepitus with full range of motion. Strength and sensation were normal. Authorization was requested for six sessions of physical therapy for postural reeducation, traction, and myofascial treatments with a re-evaluation. The claimant is being treated for chronic pain. 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 consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program and providing the requested therapeutic content. No physical therapy appears to have been provided over the previous 6 months. The request is considered not medically necessary.