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| <b>Case Number:</b>   | CM15-0200683 |                              |            |
| <b>Date Assigned:</b> | 10/15/2015   | <b>Date of Injury:</b>       | 05/29/2015 |
| <b>Decision Date:</b> | 11/25/2015   | <b>UR Denial Date:</b>       | 09/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2015 |

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 60 year old male who sustained an industrial injury on May 29, 2015. The worker is being treated for: neck pain, cervical spine musculoligamentous sprain and strain, myospasm, ruling out radiculitis versus radiculopathy, cervical spondylosis, left shoulder weakness and strain. Medications: September 17, 2015 "continue pain medications." August 06, 2015 prescribed Voltaren, Prilosec, and Menthoderm. June 18, 2015 prescribed Tylenol ES, Etodolac ER, and Flexeril and dispensed Nabumetone. Subjective: September 17, 2015 "mild neck pain with bending that radiates to left forearm occasionally." Cervical spine pain is noted with increase upon forward flexion. September 11, 2015 "sharp neck pain radiating to left arm with numbness." June 18, 2015 "left shoulder pain." Objective: Per MRI: multilevel disc disease cervical spine with protrusions. September 11, 2015 "sensation is decreased globally in the left upper extremity." "Cervical ranges of motion are decreased and painful." "There is three plus tenderness to palpation of the cervical paravertebral muscles," along with "muscle spasm of cervical paravertebral muscles." Foraminal compression and shoulder depression causes pain bilaterally; Soto-Hall causes pain. June 18, 2015 "improved but slower than expected." Treatment modalities: activity modification, physical therapy session, medication, chiropractic and physiotherapy. Diagnostics: MRI cervical spine August 27, 2015; August 25, 2015 underwent FCE. On September 14, 2015 a request was made for physical therapy session 12 to cervical spine that was modified by Utilization Review on September 29, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy, 3 times a week for 4 weeks, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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

**Decision rationale:** Physical therapy, 3 times a week for 4 weeks, cervical spine is not medically necessary. Page 99 of Ca MTUS states "physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended." The claimant's medical records documents previous physical therapy visits with some benefit but it was not quantifiable. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy. Therefore, the request is not medically necessary.