

<b>Case Number:</b>	CM15-0212207		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	06/30/1999
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 67 year old male, who sustained an industrial injury on 06-30-1999. He has reported injury to the neck. The diagnoses have included cervicalgia. Treatments have included medications, diagnostics, heat, ice, cervical pillow, physical therapy, and home exercise program. Medications have included Flexeril, Zanaflex, and over-the-counter analgesic-anti-inflammatory medications. A progress report from the treating provider, dated 08-24-2015, noted a roentgenogram of cervical spine revealed "multilevel degenerative disc disease-degenerative osteoarthritis; no compression fracture". A progress report from the treating provider, dated 10-09-2015, documented an evaluation with the injured worker. The injured worker reported neck pain is unchanged and rated at 5 out of 10 in intensity today; he is taking Flexeril as needed; no other treatment; he is retired; and physical therapy was denied. Objective findings included diffuse cervical tenderness with spasm; and stiff range of motion. The treatment plan has included the request for physical therapy for the cervical spine, 2x6. The original utilization review, dated 10-16-2015, non-certified the request for physical therapy for the cervical spine, 2x6.

### 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, 2x6:** Upheld

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

**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 with date of injury in June 1999. When seen in August 2015 he had neck pain rated at 7/10. He was having difficulty sleeping due to muscle spasms and twitching. He was noted to be retired. Physical examination findings included right trapezius tenderness and slight right lower paravertebral muscle spasm. Spurling's testing was negative. Recommendations included a home exercise program. He was referred for 12 sessions of physical therapy. There was consideration of an MRI of the cervical spine and pain management referral if not improved. The claimant is being treated for chronic pain with no new injury. 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 in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not considered medically necessary.