

<b>Case Number:</b>	CM15-0219784		
<b>Date Assigned:</b>	11/12/2015	<b>Date of Injury:</b>	12/14/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

December 14, 2012. The injured worker was undergoing treatment for chronic pain syndrome, cervicalgia and other pain disorders related to psychological factors. According to the physical therapy note of September 25, 2015 the injured worker had numbness, with limited movement of the thoracic spine which was limited with extension. The shoulder elevation to 90 degree abduction caused tingling persists in the upper extremity. There was a Grade III- IV rotational of C2-C4 and C6-T1. The assessment note good progress with cervical spine mobility and increased range of motion. The injured worker needs to increase thoracic spine extension to compliment neutral cervical spine positioning and avoid adaptive shortening of extensor muscle. According to physical therapy progress note of October 12, 2015, the injured worker's chief complaint was cervical spine pain rated 5 out of 10 at the end of the day. The nightly headaches were reduced to 2-3 times a week. The injured worker could relieve with posturing, reaching up and looking up overhead much better with minimal symptoms. Sitting position with soreness increased in the base of skull with extended sitting. The injured worker may need periodic mobilization to increase range, but good function at this time with extended driving activities. The injured worker previously received the following treatments physical therapy 8 sessions plus the October 12, 2015 visit, Cyclobenzaprine, Omeprazole, Voltaren XR, Zofran and Daypro. The RFA (request for authorization) dated the following treatments were requested retrospective outpatient physical therapy session to the cervical spine for one session on October 12, 2015. The UR (utilization review board) denied certification on October 22, 2015; for a retrospective outpatient physical therapy session to the cervical spine for one session on October 12, 2015.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro Physical therapy Outpatient for cervical Spine for one session, DOS:10/12/2015:**  
Overturned

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

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

**Decision rationale:** The IW is a 48 year old man who injured his neck in a work related accident on 12/14/2012. He has been diagnosed with a mild cervical disc bulge. Medical history is significant for a C5-C7 cervical fusion. He has also received a cervical medial branch block that resulted in some relief. The injured worker suffered an exacerbation of his neck pain. He was given a course of physical therapy. Request is for one session of PT on 10/12/2015. The MTUS Guidelines recommend physical therapy 9-10 visits over 10 weeks for myalgia type symptoms. In this case, the IW had an acute exacerbation of his chronic neck pain. There is medical justification for up to 10 visits of therapy. The medical records indicate that the session requested is the 10th session of PT. The requested treatment is medically necessary.