

<b>Case Number:</b>	CM15-0030333		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/15/1996
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Indiana

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 male, who sustained an industrial injury on 11/15/1996. He has reported neck pain and lower back pain. The diagnoses have included neck sprain and strain; cervical spine disc bulging; cervical spine radiculopathy; and lumbosacral spondylosis. Treatment to date has included medications, chiropractic sessions, physical therapy, and home exercise program. Medications have included Naproxen, Suboxone, and Zanaflex. An evaluation with a treating provider, dated 12/23/2014, documented the injured worker to report pain in the neck, lower back, left shoulder, left foot, and right foot; pain is rated 6/10 on the visual analog scale, and frequently increases to 8/10. The treating physician noted that authorization is pending for epidural injection. Request is being made for physical therapy for cervical strain and disc bulging. On 01/23/2015 Utilization Review noncertified a prescription for Physical therapy 2 x 9, disc bulging, cervical strain. The CA MTUS, ACOEM was cited. On 01/31/2015, the injured worker submitted an application for IMR for review of a prescription for Physical therapy 2 x 9, disc bulging, cervical strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x9. disc bulging, cervical strain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy, ODG Preface - Physical Therapy.

**Decision rationale:** MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks; Regarding physical therapy, ODG states patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records do indicate prior physical therapy. However, there is insufficient documentation of objective functional improvement and goals for additional treatment. Therefore, the request for 18 sessions of physical therapy is not medically necessary.