

<b>Case Number:</b>	CM15-0031415		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/18/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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  
 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:

The injured worker is a 51 year old male with an industrial injury dated October 18, 2013. The injured worker diagnoses include cervical spondylosis C4-C5 with moderate right foraminal stenosis, thoracic strain, lumbar strain and degenerative disc with disc protrusions L3-L4, L4-L5 and L5-S1. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 1/15/2015, the injured worker reported severe intolerable neck pain radiating to the left forearm and hand with numbness in the left forearm and third, fourth and fifth digits of the left hand. Cervical exam revealed tenderness to palpitation over the bilateral trapezii with markedly restricted cervical range of motion with pain in all planes. The treating physician prescribed services for physical therapy 2 times a week for 6 weeks for the cervical spine. Utilization Review determination on January 23, 2015 modified the request to physical Therapy 2 times a week for 3 weeks for the cervical spine, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times a week for 6 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with severe intolerable neck pain that radiates to the left forearm and hand with numbness in the left forearm and third, fourth and fifth digits of the left hand. The request is for PT 2X6 for cervical spine. The patient has had failed therapy on anti-inflammatory medications and is status-post cervical epidural block under fluoroscopy X2, 07/23/14, and 09/17/14. He is currently on Robaxin, Norco and Gabapentin. The patient is on restricted duty. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 01/15/15 treater is requesting authorization for a course of physical therapy with focus on maintaining his left arm strength due to denied request for surgical intervention. Given patient's diagnosis, a short course of physical therapy would be indicated. Treatment history has not been provided, and it does not appear patient has had prior physical therapy. However, the request for 12 visits would exceed what is recommended by guidelines. Therefore, the request IS NOT medically necessary.