

<b>Case Number:</b>	CM14-0123456		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	11/10/2007
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47 year old female with an injury date of 11/10/07. Patient complains of pain and discomfort in the cervical spine region and swelling in her feet and ankle 06/13/14. The treating physician report dated 06/13/14 indicates that the patient presents with headaches, blurred vision and gastritis and states that she has difficulty sleeping and wakes up at night due to pain, although a source of the pain is not acknowledged in document provided. Toxicology report dated 7/2/14 shows the patient tested negative for any and all medications. A prescription for Norco 10/325mg # 120 and Prilosec 20mg # 30 was found in provided documents dated 6/13/14. Prior treatments include epidural injection at C5-6 and C6-7, prescription medications including Norco and Prilosec. The Utilization report dated 03/20/14 notes an MRI of the cervical spine taken on 10/04/12 showed diffuse disc protrusion at C3-4, C4-5, focal right disc protrusion at C5-6 and a focal disc protrusion at C6-7 with an annular tear effacing the thecal sac and neuroforaminal without significant impingement on the exiting nerve roots. The current diagnoses are: 1. Herniated cervical disk with radiculitis/radiculopathy 2. Bilateral carpal tunnel syndrome 3. Anxiety/depression associated with headaches 4. Symptoms of gastritis, NSAID related. The utilization review report dated 7/22/14 denied request for Physical Therapy, Cervical based on lack of documentation of prior therapy sessions and of "objective clinical improvement with PT or other treatments for this 6+ year old injury." The UR report noted that the request is not consistent with Guideline recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Cervical, 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** The patient presents with pain and discomfort in the cervical spine region as well as swelling in her feet and ankle. The current request is for Physical Therapy, Cervical. In reviewing the treating physician report dated 6/3/14 he states, "I request authorization for physical therapy two times a week for the next six weeks." The MTUS guidelines state 8-10 visits over 4 weeks for radiculitis. In this case the treating physician did not comment on prior physical therapy usage and the treating physician requested care beyond the MTUS recommendations. The request is therefore not medically necessary.