

<b>Case Number:</b>	CM14-0135678		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of March 12, 2013. A utilization review determination dated August 15, 2014 recommends a non-certification of additional physical therapy for two times per week for six weeks for the cervical spine. A progress note dated July 17, 2014 identifies subjective complaints of the patient being status post a cervical epidural injection, with report of soreness for a couple of days followed by excellent improvement of her symptoms then gradual return of her pain. The pain is localized to the right side of the neck. Physical examination identifies focal tenderness of C4 through C7 on the right side as well as the right upper trapezius, there is a notable area of muscle spasm and an active trigger point, the patient also is noted to have numbness and tingling in her right upper extremity extending down to the thumb, and motor strength is intact. Diagnoses include cervical annular tear with subligamentous protrusion right side C-5 - C6 and inter-scapular pain. The treatment plan recommends a last effort to trial course of physical therapy with hands on soft tissue mobilization, core strengthening, trunk stabilization, and neutral spine program before proceeding with surgery. An MRI of the cervical spine without contrast dated May 22, 2014 identifies straightening of the cervical spine, 2 mm broad-based central disc protrusion at the C2 - C3 level, and a 2 mm broad-based central disc protrusion at the C5 - C6 level causing mild effacement of the anterior thecal sac. An appeal letter dated August 8, 2014 identifies that the patient has ongoing a persistent cervical spine pain and that prior to the patient's office visit on July 17, 2014 the patient had undergone physical therapy in which range of motion was greatly improved but with continued pain in the end ranges. The requesting physician would like the request for physical therapy sessions at twice a week for six weeks to be reconsidered in order to exhaust all conservative options before considering surgical options.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 times weekly for 6 weeks, cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updates 08/04/14; ODG Physical Therapy Guidelines).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98 OF 127. Decision based on Non-MTUS Citation 2004) Occupational Medicine Practice Guidelines, Neck Chapter Page 173 Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy.

**Decision rationale:** Regarding the request for additional physical therapy 2 times a week for 6 weeks for the cervical spine, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Furthermore, it is unclear how many sessions of physical therapy the patient has already completed. Additionally, the current number of visits being requested, exceeds the maximum visits (10 weeks over 8 weeks) recommended by guidelines for the patient's diagnoses. In the absence of such documentation, the current request for additional physical therapy 2 times a week for 6 weeks for the cervical spine is not medically necessary.