

<b>Case Number:</b>	CM14-0150156		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 52 year old patient with date of injury of 02/18/2013. Medical records indicate the patient is undergoing treatment for cervical facet syndrome, cervical pain, low back pain and lumbar radiculopathy. Subjective complaints include difficulty sleeping, neck pain, lower back pain and left knee pain. Objective findings include cervical range of motion flexion 35 degrees, extension 30, right and left lateral bending 10, left lateral rotation 40 and right lateral rotation 50. The patient also has cervical paravertebral hyper tonicity and tenderness and positive cervical facet pain. Lumbar spine range of motion - flexion 40 degrees, extension 10 degrees, lumbar paravertebral muscle hyper tonicity and tenderness and a positive straight leg test. MRI C-spine on 05/31/2013 revealed straightening of the cervical spine with minimal kyphosis centered at C4, C4-C5 there is mild annular bulge with no spinal canal or neural foraminal narrowing, at C5-C6 there is a minimal annular bulge with mild right uncovertebral and facet hypertrophy with mild right neural foraminal narrowing, at C6-C7 there is minimal spinal canal narrowing with mild right and minimal left neural foraminal narrowing. Treatment has consisted of physical therapy, TENS unit, Cymbalta, Zanaflex, Celebrex. The utilization review determination was rendered on 08/18/2014 recommending non-certification of Physical therapy 3 x 6 to cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3 x 6 to cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99.

**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 documentation provided indicates that this patient has attended multiple therapy sessions and should be active in their home exercise program. This patient should be able to continue the therapeutic exercises at home. The treating physician has not provided documentation to specify the reasoning behind continuing therapy. As such, the request for Physical therapy 3 x 6 to cervical spine is not medically necessary.