

<b>Case Number:</b>	CM14-0162028		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	11/09/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 42 year old patient with date of injury of 11/09/2013. Medical records indicate the patient is undergoing treatment for cervical radiculitis, regional myofascial pain syndrome of neck and shoulder girdle, lumbar radiculopathy and low back pain. Subjective complaints include neck and back pain, joint pain and stiffness, numbness and tingling of affected limb, pain rated 4/10 at best and 8/10 at worst. Objective findings include cervical spine range of motion is restricted with extension, right and left lateral bending, lateral rotation but normal with flexion, tight muscle band noted bilaterally. Treatment has consisted of physical therapy, chiropractic care, home exercise program, moist heat, Tramadol and Cyclobenzaprine. The utilization review determination was rendered on 09/15/2014 recommending non-certification of Physical therapy; 2x/week for 4 weeks (cervical spine).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy; 2x/week for 4 weeks (cervical spine): Upheld**

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

**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 records do indicate prior physical therapy (8 sessions) with improved function. The request for an additional 8 sessions is in excess of guidelines and the patient should be familiar with a home exercise program. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines and detail failure of a home exercise program. As such, the request for Physical therapy; 2x/week for 4 weeks (cervical spine) is not medically necessary.