

<b>Case Number:</b>	CM15-0018882		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	05/31/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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:

This 56 year old male sustained an industrial injury on 5/31/08, with subsequent ongoing right shoulder and neck pain. Treatment included medications, physical therapy, cognitive behavior therapy, trigger point injections and cervical epidural. Magnetic resonance imaging cervical spine (6/14/13) showed disc protrusion with right foraminal narrowing. In a PR-2 dated 1/16/15, the injured worker complained of severe neck pain and a tight feeling on the left side of neck muscles. The injured worker reported that pain returned within two months of the last trigger point injection. Current diagnoses included cervical disc discopathy with myelopathy, cervicobrachial syndrome, rotator cuff syndrome and chronic pain syndrome. The injured worker received trigger point injections into the C6 medial paraspinal musculature during the office visit. The treatment plan included a referral for cervical epidural injection, a request for physical therapy to the cervical spine twice a week for eight weeks and medications (Gabapentin and Norco 10/325). The physician noted that the injured worker had benefitted previously from physical therapy. The amount of previous physical therapy was not clear in the documentation submitted for review. On 1/30/15, Utilization Review modified a request for cervical physical therapy QTY: 8.00 to Cervical physical therapy QTY: 2.00 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical physical therapy QTY: 8.00:** Upheld

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

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

**Decision rationale:** This patient presents with chronic neck pain. The current request is for cervical physical therapy qty: 8.00. The MTUS Guidelines page 98 and 99 regarding physical medicine recommends 9 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The treating physician states that the patient has benefited previously from physical therapy and the goal is to improve function and reduce medications. The Utilization review modified the certification from the requested 8 to 2 session, stating that the patient has had more than the recommended 8-10 sessions in the last 6-8 months. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. The treating physician does not discuss why the patient would not be able to participate in a self-directed home. Furthermore, there was no report of new injury, new surgery or new diagnosis that could substantiate the request. The requested physical therapy IS NOT medically necessary.