

<b>Case Number:</b>	CM15-0025942		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, Hawaii  
 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:

The injured worker is a 36-year-old female who sustained an industrial injury on 3/8/13. The injured worker reported symptoms in the neck and back. The diagnoses included cervicalgia, lumbago and displacement of lumbar intervertebral disc without myelopathy. Treatments to date include chiropractic treatment and oral pain medications. In a progress note dated 12/23/14 the treating provider reports the injured worker was with pain located in the back and neck. Upon physical examination the treating provider noted "tenderness to palpation over the bilateral cervical paraspinal muscles and superior trapezii. "On 1/9/15 Utilization Review modified the request for physical therapy 2 times a week for 3 weeks for cervical spine to physical therapy 2 visits for education, counseling, and evaluation of home exercise. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks for cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-5, 181-183.

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

**Decision rationale:** The patient presents with pain located in the back and neck associated with the diagnosis of cervicalgia, lumbago and displacement of lumbar intervertebral disc without myelopathy. The current request is for physical therapy 2 times a week for 3 weeks for cervical spine. On 12/23/14 (B29) the treating physician states, the patient had "another injury on the 6th, which will require a second claim". Having a lot of flare ups of the pain to jaw, both arms, both shoulders, neck, upper back." In this case, MTUS Guidelines for determining when physical therapy is recommended states, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks." Here, we find the clinical history provided does not report any indication of why physical therapy is being prescribed. There is no mention of any goals or discussions regarding this patient's functional status. MTUS Guidelines require much more complete documentation to support a request for additional therapy. Thus, the current request is not medically necessary and the recommendation is for denial.