

<b>Case Number:</b>	CM15-0042959		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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:

The injured worker is a 62 year old male, who sustained an industrial injury on February 2, 2011. The injured worker was diagnosed as having cervical degenerative disc disease, cervical spine dysfunction, and cervical spine myofascial pain. Treatment to date has included T1-T2 intralaminar epidural steroid injection which provided substantial relief but he continues to have painful, aching, burning spasms. He has had posterior decompression and fusion, medications and diagnostic imaging of the cervical spine. Currently, the injured worker complains of significant neck and upper back pain. The upper back pain is more severe than the neck pain. He rates his pain a 7-8 on a 10-point scale. On examination, the injured worker has tender myofascial trigger points in the periscapular muscles and trapezius muscles left greater than right. Deep palpation causes a twitch response as well as radiation of pain into the upper extremities, the neck and into the scapula.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Visits for The Neck and Back:** Upheld

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

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

**Decision rationale:** Based on the 01/07/15 progress report provided by treating physician, the patient presents with neck and upper back pain rated 7-8/10. Per AME report dated 09/23/14, the patient is status post 3 cervical spine surgeries, most recent C3-T1 fusion on April 2014; and back surgery with decompressive laminectomy April 28/13. The request is for 12 PHYSICAL THERAPY VISITS FOR THE NECK AND BACK. RFA not provided. Patient's diagnosis on 01/07/15 includes symptomatic cervical spine degenerative disc disease, dysfunction, and myofascial pain. Physical examination on 01/07/15 revealed tender myofascial trigger points in the periscapular muscles and trapezius muscles left greater than right. Deep palpation causes a twitch response as well as radiation of pain into the upper extremities, the neck and into the scapula. Treatment to date included surgeries, imaging studies, epidural steroid injection to T1-T2 on 11/10/14, and medications. Patient's medications include Valium, Venlafaxine, Vistaril, Prednisone, Zanaflex, Percocet, Flexeril, Colace, Lidoderm, Flector, and Bactrim. Per AME report dated 09/23/14, patient had physical therapy based on 08/06/14 report. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, nor reason patient is unable to transition into a home exercise program. Furthermore, the request for 12 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.