

<b>Case Number:</b>	CM15-0066335		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, Pain Management

### 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 54 year old male who sustained an industrial injury on 11/1/13 when he lost his grip and fell backwards hitting his head on the ground. He suffered a disc herniation at C5-6 and C6-7 and had a C5-7 anterior cervical discectomy and fusion (3/19/14) He had a 20% reduction in pain after surgery. He was not responding to medications and was unable to tolerate physical therapy. He deferred any spinal injection. He continues to experience severe neck and right arm pain and stiffness with associated numbness and tingling He rates his pain level at 8/10. He has right shoulder and low back pain His activities of daily living are limited. He requires assistance with self-care. He is deconditioned. Medications are Lyrica, Flexaril, ibuprofen and Tramadol. Diagnoses include status post C5-7 anterior cervical discectomy and fusion (3/19/14); chronic right cervical radiculopathy; cervical myofascial pain and depression; right shoulder sprain/ strain. Treatments to date include medications. Diagnostics include cervical MRI (4/15/14) abnormal findings; x-ray cervical spine (3/27/14, 12/2/14). In the progress note dated 3/17/15 the treating provider's plan of care recommends six sessions of outpatient chronic pain physical therapy to focus on education to help him overcome his fear of pain and to help him understand the idea of hurt versus harm. The goal is to improve his endurance, range of motion and activity tolerance of his right upper extremity and moving toward functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-neck and upper back-physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Neck Chapter, Physical Medicine.

**Decision rationale:** Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.