

<b>Case Number:</b>	CM15-0069488		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 41-year-old female, who sustained an industrial injury on 12/06/2010. Diagnoses include degenerative disc disease of the cervical spine status post cervical surgery x 2 since last visit 11/14/2011, cervical herniated nucleus pulposus, upper extremity radiculitis and severe myofascitis. Treatment to date has included diagnostics, surgical intervention (12/05/2010 and 9/24/2012), modified work, medications, physical therapy and acupuncture. Per the Primary Treating Physician's Progress Report dated 1/15/2015 the injured worker reported severe muscle spasm and pain to the neck with reduced range of motion. Physical examination revealed mild distress with movements of her cervical spine. There was reversal of the normal spinal curvature with pain secondary to decreased range of motion and myofascitis past 30 degrees of flexion, 20 degrees of extension and lateral motion of any kind. There was moderate to severe myofascitis in the sub occipital region down the paravertebral cervical muscles into the trapezius and scapular muscles. The plan of care included acupuncture and physical therapy. Authorization was requested for additional 20 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 20 sessions of Physical Therapy for the cervical spine:** Upheld

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

**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 based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface ½ Physical Therapy.

**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. In this case, the patient has had a trial of physical therapy with no documented improvement. The previous UR declined the request for 6 additional sessions citing lack of documented improvement. As such, the request for Additional 20 sessions of Physical Therapy for the cervical spine is not medically necessary.