

<b>Case Number:</b>	CM15-0090532		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 52 year old male, who sustained an industrial injury on 9/23/2014. The current diagnosis is chronic persistent axial neck pain. According to the progress report dated 3/30/2015, the injured worker complains of severe neck pain with radiation down bilateral arms associated with numbness and tingling. The pain is rated 7/10 on a subjective pain scale. The physical examination of the cervical spine reveals tenderness to palpation in the mid-to low cervical region, severe guarding of his neck, and severe decrease in range of motion. The current medications are Ibuprofen and Hydrocodone. Treatment to date has included medication management, x-rays, and MRI studies. Since his injury, he notes that he had no treatment at all, no physical therapy or injections. X-rays dated 1/5/2015 reveals cervical spondylosis most notable at C5-6 and C6-7 with anterior osteophytes without any evidence of instability noted. The plan of care includes 8 physical therapy sessions to the cervical spine.

### 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 4 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times per week for 4 weeks to the cervical spine is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic persistent axial neck pain with radiation down both arms; and low back pain and leg symptoms. Documentation from a March 30, 2015 progress note (request for authorization date April 3, 2015), states the injured worker has had no prior physical therapy, no injections and no treatment to date. The VAS pain scale is 7/10. The utilization review sets out specific dates of physical therapy authorization. The injured worker receives six sessions of physical therapy to the cervical spine (two times per week times three weeks) on October 29, 2014. Injured worker received eight sessions of physical therapy to the cervical spine (two times per week times four weeks) on January 19, 2015. The physical examination, according to the March 30, 2015 progress note, does not show any significant motor or neurologic abnormalities. There are no compelling clinical facts documented in the medical record to warrant additional physical therapy. Consequently, absent clinical documentation of prior physical therapy with evidence of objective functional improvement, prior physical therapy notes and no compelling clinical facts in the medical record indicating additional physical therapy is warranted, physical therapy 2 times per week for 4 weeks to the cervical spine is not medically necessary.