

<b>Case Number:</b>	CM15-0099379		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/25/2004
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 58 year old female patient who sustained an industrial injury on 05/25/2004. A primary treating office visit dated 11/25/2014 reported the patient with subjective complaint of ongoing increasing pain in the neck, in addition to stiffness. She feels that her functionality has been declining due to the increased pain. There is an appointment in two weeks for her to undergo a cervical epidural injection. She had has positive benefit from a prior injection. Objective findings showed cervical range of motion moderately limited to extension with pain. There is tender to pressure bilaterally of paraspinals in the mid to upper cervical region. Spurling's test is positive bilaterally with localizing right neck pains. The assessment noted the patient with neck pain and cervical radiculopathy. The plan of care involved the patient continuing with Norco 5325mg one every 12 hours along with other medications. There are still services pending authorization for additional acupuncture sessions, and consultation. She is to follow up in 6 weeks. A follow up visit dated 01/06/2015 reported the patient stating she has experienced improvement to her neck and upper extremities pain from the administration of the injection on 12/10/2014. The pains have been reduced by 60-70% as a result of the injection. The documentation provided showed the first three follow up visits of this 2015 year January, February and March having no changes in the treating diagnoses, plan of care, or any subjective complaints. The patient's medication regimen consists of: Amitriptyline, Tylenol, Norco 5/325mg, Lidoderm, Omeprazole, Neurontin, and Ibuprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy for the cervical spine, 2 times a week for 3 weeks,:** Overturned

**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:** The patient presents with neck and upper extremity pain. The patient is status post cervical ESI from 12/10/2014. The physician is requesting 6 PHYSICAL THERAPY FOR CERVICAL SPINE 2 TIME A WEEK FOR 3 WEEKS. The RFA was not made available. The patient's work status was not made available. The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient is not post-surgical. Per the 05/11/2015 report, cervical ROM is moderately limited to extension with mild to moderate neck pain. Mild to moderate tenderness noted in the bilateral paraspinals in the mid to upper cervical region. Spurling's test is positive on the left. Motor strength is decreased. No history of physical therapy was noted. The physician is requesting 6 sessions "to work on stretching and strengthening of the neck." In this case, given the patient's current symptoms, a short course of physical therapy is appropriate and the requested 6 sessions are within guidelines. The request IS medically necessary.