

<b>Case Number:</b>	CM14-0140306		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46 year-old male who sustained an injury on 09/04/12. On 08/27/14 the injured worker complained of neck pain and headaches; driving was hard but his sleeping pattern had improved. He was treated with acupuncture, chiropractor and medications but the only thing helped him was physical therapy (PT). On exam, cervical paravertebral muscles revealed spasm, tenderness, tight muscle band, and trigger point on both sides. Spinous process tenderness was noted on C4, C5, and C6. Tenderness was noted at the paracervical muscles, rhomboids, and trapezius. Multiple myofascial trigger points were noted. A cervical spine magnetic resonance imaging (MRI) done on 09/25/12 showed a 8 x 3 mm broad-based right paracentral disc extrusion at C3-4; 2-3 mm posterior annular bulge at C4-5 level; 2 mm posterior annular bulge at C5-6 level; and 2 mm posterior annular bulge at C6-7 level. Diagnoses included cervical disc displacement and cervicobrachial syndrome. On 12/27/13, he reported that he had trialed physical therapy with some transient benefit. On 02/12/14, he reported that physical therapy (PT) helped a little bit. On 05/12/14, he noted previous improvement of function and mobility with physical therapy. On 07/17/14, he reported that the only thing that helped was physical therapy (PT). With physical therapy (PT) he experienced improved stiffness in the morning, improved range of motion (ROM), and improved standing and sitting tolerance. He had 10 PT visits to date and goal for requesting the physical therapy is to keep him functional at work and to improve his range of motion (ROM), pain and stiffness. Current medications are tramadol-acetaminophen, naproxen sodium, lidocaine-prilocaine cream and amitriptyline HCl. The request for additional physical therapy 2 x 4 weeks, cervical spine was denied on 08/19/14 due to lack of sufficient information.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy 2 x 4 weeks, cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Official Disability Guidelines (ODG) Neck & Upper Back, Physical therapy (PT).

**Decision rationale:** As per the California Medical Treatment Utilization Schedule guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines (ODG) recommends 9 visits over 8 weeks intervertebral disc disorders without myelopathy and 24 visits over 16 weeks for cervical post-surgical (fusion) physical therapy. In this case, the injured worker has already received 24 physical therapy visits. However, there is little to no documentation of any significant improvement in the objective measurements (i.e. pain level, range of motion, strength or function) with physical therapy to demonstrate the effectiveness of this modality in this injured worker. There is no evidence of presentation of any new injury / surgical intervention. Moreover, additional physical therapy (PT) visits would exceed the guidelines criteria. Furthermore, there is no mention of the injured worker utilizing an home exercise program (HEP). At this juncture, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Therefore, the request is considered not medically necessary or appropriate in accordance with the guideline.