

<b>Case Number:</b>	CM14-0142660		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Orthopedic Surgery and is licensed to practice in New York. 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 patient has chronic neck pain. The patient had anterior cervical spine fusion. The patient continues to experience muscle spasms and decreased range of motion. On physical examination a mild spasms over the cervical thoracic paraspinal muscles. Trapezius muscle and sternocleidomastoid muscle a tender to palpation. There is tenderness to midline the neck. There trigger point in the trapezius muscles bilaterally. The treatments to date include myofascial release, lateral stimulation ultrasound and genetic activity. At issue is whether additional physiotherapeutic modalities of medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapeutic modalities (electrical muscle stimulation, therapeutic exercises, diathermy, myofascial release) 2x6 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Neck & Upper Back Procedure Summary, updated 4/14/14

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Neck Pain Chapter, ODG Neck Chapter

**Decision rationale:** This patient does not meet criteria for additional physiotherapeutic modalities. The patient underwent surgical fusion in April 2014. The patient has been treated with 6 sessions a postoperative physical therapy. The patient still complains of neck pain and tenderness on examination. Guidelines indicate that 20 for postoperative visits over 16 weeks postoperatively is recommended if the fusion. There is strong evidence of exercise programs including aerobic conditioning or superior treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over another exercise regimen. The patient is now at 6 sessions a postoperative physical therapy. These electrical stimulation stimulation is not recommended at this time. The current evidence on EMS is lacking and not supported by the literature. There is little information available from medical trial support use of many physical modalities mechanical neck pain. Diathermy is not supported by the literature. The medical necessity for myofascial release has not been established. The patient has undergone physical therapy and should be transitioned to a home program. The medical necessity for manual therapy has not been established at this time.