

<b>Case Number:</b>	CM13-0052532		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Disease, 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 physician 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 is a 57-year-old male who reported injury on 04/26/2010. The mechanism of injury was not provided. The patient was noted to be status post discectomy and fusion C4-7 in 09/2011. The patient was noted to have increased pain in the low back with difficulty walking or standing and the patient was noted to have increased weakness and numbness to both legs. The physical examination revealed the patient had dermatomes from C2-T1 that were normal to soft touch and pin wheel. The patient's nerve roots from C1-T1 were noted to be normal with all muscle grips testing rating a 5/5. The diagnosis was noted to be status post cervical discectomy and fusion at C4-5, C5-6, and C6-7 on 09/10/2011. The physician noted that they discussed the option of a dorsal column stimulator and the patient was noted to not be interested. The physician further indicated the patient reported no postoperative physical therapy to the cervical spine since surgery. The request was made for physical therapy 2 times a week for 6 weeks 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 6 weeks for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines do not apply as the employee was noted to be greater than 6 months past surgery and post-surgical treatment is for 6 months after surgery. The MTUS guidelines indicate that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The physician indicated that the employee's muscle groups tested 5/5 from C1-T1 and the employee had a normal sensory examination from C2-T1. The employee was noted to have a reflex to the biceps +3 on the right and the reflexes were noted to be absent on the left. There was a lack of documentation with objective findings indicating the employee had deconditioning. Additionally, there was a lack of documentation indicating a necessity for 12 physical therapy sessions. Given the above, the request for physical therapy 2 times a week for 6 weeks for the cervical spine is not medically necessary.