

Case Number:	CM14-0002006		
Date Assigned:	01/24/2014	Date of Injury:	11/19/2012
Decision Date:	09/22/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 was injured on 11/19/2012. The diagnoses are mid back pain, neck pain, status post cervical spine fusion and restless leg syndrome. The past surgery history is significant for C4-C6 fusion in May 2013. The patient completed 24 PT sessions post-operatively. The cervical spine X-Rays showed solid fusion at C4-C5 and C5-C6. On 11/13/2013, there was subjective complaint of neck pain radiating to the upper extremities. The pain score was 8/10 on a scale of 0 to 10. There was objective finding of 50% reduction in range of motion on the cervical spine. But the neurological test was reported as normal. On 12/12/2013, the pain score was reported as 6/10 on a scale of 0 to 10. The patient was said to be off all narcotics because of improvement after 3 PT sessions. The current medication is listed as Celebrex for pain. A Utilization Review determination was rendered on 12/31/2013 recommending non certification for additional post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE CERVICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 98-99. Decision based on Non-MTUS Citation ODG- Pain Chapter. Neck Chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of post-operative PT in the management of chronic neck pain following cervical spine fusion. The guidelines recommends a maximum of 34PT sessions during the first 18 weeks following cervical spine fusion. The records indicate that the patient completed 24 PT sessions. There was reports of possible non compliance to some of the treatment sessions. On 12/12/2013, there was a report that the patient was off all narcotic medications due to improvements following physical therapy. The request was made when the patient was 7 months post operative, well pass the 18 weeks period for completion of post surgical rehabilitation. The criteria for additional post operative PT on the cervical spine was not met.