

Case Number:	CM14-0106840		
Date Assigned:	07/30/2014	Date of Injury:	05/27/2009
Decision Date:	09/10/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/10/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 50 year old with an injury date on 1/8/09. Patient complains of persistent neck pain aggravated by prolonged positioning per 2/11/14 report. Patient had constant cervical pain and stiffness per 5/6/14 report. According to the 2/11/14 progress report provided by [REDACTED] the diagnosis is s/p C5 through C7 anterior cervical spine discectomy and fusion. Exam on 5/27/14 showed "tenderness to palpation at C-spine, trapezius, and decreased range of motion." [REDACTED] is requesting 12 additional physical therapy sessions for cervical spine. The utilization review determination being challenged is dated 6/12/14 and rejects request, stating that patient had 36 prior session of therapy. [REDACTED] is the requesting provider, and he provided treatment reports from 1/8/14 to 5/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 weeks for low back.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Low Back (MTUS post-surgical p25,26) As compared with no therapy, therapy (up to 20 sessions over 12 weeks) following disc herniation surgery was effective. Because of the limited benefits of

therapy relative to massage, it is open to question whether this treatment acts primarily physiologically, but psychological factors may contribute substantially to the benefits observed. (Erdogmus, 2007) Artificial Disc [DWC]: Postsurgical treatment: 18 visits over 4 months Postsurgical physical medicine treatment period: 6 months Fracture of vertebral column with spinal cord injury (ICD9 806): Postsurgical treatment: 48 visits over 18 weeks Postsurgical physical medicine treatment period: 6 months Fracture of vertebral column without spinal cord injury (ICD9 805): Postsurgical treatment: 34 visits over 16 weeks Postsurgical physical medicine treatment period: 6 months Intervertebral disc disorder with myelopathy (ICD9 722.7): Postsurgical treatment: 48 visits over 18 weeks Postsurgical physical medicine treatment period: 6 months Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks Postsurgical physical medicine treatment period: 6 months Postsurgical treatment (arthroplasty): 26 visits over 16 weeks Postsurgical physical medicine treatment period: 6 months Postsurgical treatment (fusion): 34 visits over 16 weeks Postsurgical physical medicine treatment period: 6 months Spinal stenosis (ICD9 724.0): See 722.1 for postsurgical visits Postsurgical physical medicine treatment period: 6 months Acupuncture Medical Treatment Guidelines Page(s): 25-26.

Decision rationale: This patient presents with neck pain and is s/p cervical discectomy/fusion from 1/17/14. The treater has asked for physical therapy 2x4 weeks for low back on 5/27/14. Review of the 1/31/14 and 5/6/14 reports both show "patient is slowly improving with physical therapy." The 3/10/14 report states to "continue physical therapy 2x6." Physical therapy report on 3/24/14 shows patient had 10 physical therapy visits. For spinal fusion, MTUS Postsurgical treatment allow 34 visits over 16 weeks. In this case, the patient is 5 months removed from C-spine surgery and appears to have been in continuous physical therapy since January, with 36 sessions completed per utilization review letter. Treater has asked for 8 physical therapy visits which would exceed MTUS post surgical guidelines for this patient's condition. In addition, patient has already transitioned to a home exercise program in 5/27/14 report. Recommendation is for denial.