

<b>Case Number:</b>	CM14-0016872		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 & 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 44 year old male with an injury date on 6/29/09. Based on the 1/16/14 exam report, the patient had persistent pain in the neck and upper back, as well as low back and lower extremity symptoms. The patient's diagnoses are the following: 1. Status post redo anterior cervical microdiscectomy and interbody arthrodesis at C5-6 and C6-7 with left iliac bone graft and internal fixation (2/13/13). 2. Chronic lumbosacral strain. 3. Multiple lumbar disc herniations (L1-2, L3-4, L4-5 and L5-S1). 4. Normal EMG (1/10/14). The patient is post-operative from 2/13/13 where s/p revision surgery for fusion of C5-7 was done. The request is for 3x4 physical therapy sessions per 1/16/14. This request was modified by utilization review on 1/29/14 to 10 physical therapy sessions. [REDACTED] is the requesting provider, and he provided treatment reports from 1/15/13 to 3/28/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY X 12 VISITS NECK AND LOW BACK:** Upheld

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with persistent neck and back pain. The patient is s/p revision fusion surgery at C5-7 from 2/13/13. The request is for 3x4 physical therapy sessions from 1/16/14 report. This report indicates that the patient has not had physical therapy for the neck or back. Apparently, therapy was previously authorized but never followed through. Review of the available reports do not show evidence of therapy in 2013. The request for 12 sessions of therapy has been modified to 10 sessions per UR letter on 1/29/14. Regarding physical therapy, MTUS guidelines support up to 10 sessions for myalgia/myositis, and neuralgia/neuritis type of condition that this patient suffers from. In this case, 10 sessions therapy would be consistent with MTUS recommendations. However, the requested 12 sessions of therapy would exceed what is recommended by MTUS guidelines. Recommendation is for denial. The request for physical therapy X 12 visits, neck and low back is not medically necessary and appropriate.