

Case Number:	CM14-0154428		
Date Assigned:	09/24/2014	Date of Injury:	06/20/2003
Decision Date:	10/31/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/22/2014

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 Spine 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. Physical examination the patient has tenderness and decreased range of motion of the neck. The patient has slightly weak right and left shoulder abduction but otherwise normal motor strength in the bilateral upper extremities. Reflexes are normal. The patient continues to have chronic neck pain. The patient takes multiple medications to include narcotics. The patient is a 40-year-old female with significant complaints of neck pain radiating down to the right arm and fingers. She also has headaches. The patient has had previous physical therapy with no relief. She's had injections with minimal relief. She's had previous neck surgery. Neurophysiologic testing in 2011 shows chronic right C5 and C6 radiculopathy. The patient had previous C5-C6 fusion surgery with removal of hardware. The patient also had C4-5 fusion. MRI the cervical spine from June 2014 shows prior fusion at C4-5. The patient does not as significant spinal stenosis on the MRI. CT scan of the cervical spine shows C4-C6 fusion. At issue is whether revision surgery and postoperative physical therapy a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative physiotherapy, for the cervical spine, 3 times a week for 6 weeks, QTY: 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG neck pain chapter.

Decision rationale: This patient does not meet established MTUS and ODG criteria for revision cervical spine surgery. Specifically the imaging studies to include MRI and CT do not document severe spinal stenosis and do not document previous failure fusion. There is no documented instability. There are no red flag indicators for spinal fusion surgery such as fracture tumor neurologic deficit. Since criteria for revision cervical surgery are not met, and postoperative physical therapy not medically necessary.