

<b>Case Number:</b>	CM14-0036047		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 46-year-old male with a date of injury of 06/29/2009. The listed diagnoses per [REDACTED] are: 1. Status post re-do anterior cervical microdiscectomy and interbody arthrodesis at C5-C6 and C6-C7 on 02/13/2013. 2. Chronic lumbosacral strain. 3. Multiple lumbar disk herniations. 4. Normal EMG (01/10/2014). According to progress report 01/16/2014 by [REDACTED], the patient presents with neck, upper back and lower extremity complaints. "The patient states that he has never had physical therapy." It was approved at one point and he was unable to go. Treater believes that he would benefit from physical therapy for the neck since he has had surgery and continues to complain of pain. Physical therapy report indicates the patient received 10 sessions from 01/16/2014 to 03/12/2014. On 03/13/2014, treater recommended patient "continue with physical therapy since there has been some improvement in symptoms." Utilization review denied the request stating the patient has participated in post op PT. The request is for additional 12 physical therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy to the neck and low back, 12 visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, page(s) 98-99.

**Decision rationale:** This patient presents with neck, low back, and lower extremity complaints. This patient is status post redo anterior cervical discectomy on 02/13/2013. The patient is outside of the post-surgical physical therapy guidelines. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms 9 to 10 visits over 8 weeks. The patient has recently participated in 10 sessions with "some" improvement in symptoms. PT progress reports continually document pain level as 6/10. In this case, there is minimal improvement from prior treatment to warranted additional sessions. Furthermore, the treater's request for 12 additional sessions exceeds what is recommended by MTUS. Given the above the request is not medically necessary.