

<b>Case Number:</b>	CM14-0037424		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 75 year old male with an injury date on 05/31/2013. Based on the 03/18/2014 progress report provided by [REDACTED] the patient presents for a post-operative neurosurgical evaluation. The diagnoses are: 1.Residual neurologic deficits relating to incomplete spinal cord injury.2.Status post C3 to C7 decompressive cervical laminectomy and instrumented posterior lateral fusion.3.Aggravated lower back pain by ataxic gait pattern, potentially related to underlying chronic degenerative disc disease of the lumbar spine. Exam on 03/18/2014 and 01/28/2014 indicates the patient is taking Norco average 2-3/day and SOMA is not helpful. Patient's tandem gait shows slight improvement. Cervical paraspinal muscle spasm was noted bilaterally. Negative Rhomberg test, upper and lower extremities motor examination was stable. [REDACTED] is requesting 24 additional physical therapy sessions for the cervical spine and MRI of the lumbar spine without contrast. The utilization review determination on 3/23/2013 is being challenged. [REDACTED] is the requesting provider and he provided treatment reports from 07/23/2013 to 06/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Additional Physical Therapy Sessions for the Cervical Spine (3x8): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 98, 99 Physical Medicine.

**Decision rationale:** This patient presents for a post-operative evaluation with upper extremities weakness and pain, and low back pain. The treater has asked for 24 additional physical therapy sessions for the cervical spine on 03/18/2013. The patient is s/p neck surgery from 09/09/13 and just outside of 6months post-operative therapy guidelines time frame. Review of the reports shows the patient has completed 24 post-op therapy. Therapy report from 03/17/2014 states that the patient's neck pain is the same varying from 3-8/10 and numbness in bilateral hands persists. The utilization review denied the request allowing 2 sessions for transition into home exercise program. For non-post-op therapy guidelines, MTUS pages 98,,99 recommend 9-10 sessions for myalgia/myositis and neuralgia/neuritis type of condition that this patient suffers from. The current request exceeds what is allowed per MTUS. For post-op C-spine surgery, MTUS allows 24 sessions following a fusion surgery with 6 months post-op time-frame. Recommendation is for denial.

**MRI of the Lumbar Spine without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Guidelines Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents for a post-operative evaluation with upper extremities weakness and pain, and low back pain. The treater asked for anMRI of the lumbar spine without contrast on 03/18/2013, to rule out "any age appropriate chronic degenerative disc disease of the lumbar spine may be aggravated by his gait." Per UR denial letter states, "there is no documented radicular pain, and there is no documented positive neurologic exam finding consistent with nerve compromise."While ACOEM requires "unequivocal objective findings," this likely applies for acute and subacute phase of injury. For this patient's now chronic condition with persistent radicular symptoms and weakness, ODG guidelines provide a good discussion. ODG recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. The physical exam on 03/18/2013 did not include findings that identify specific nerve compromise. Furthermore, the patient does not present with any neurologic signs or symptoms such as radiating pain into the arm. Recommendation is for denial.