

<b>Case Number:</b>	CM14-0039720		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	10/18/2003
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 68 years old female with an injury date on 10/18/2013. Based on the 02/25/2014 progress report provided by [REDACTED], the diagnoses are: 1. Cervical Spondylosis w/o Myelopathy 2. Spinal stenosis of cervical region. According to this report, the patient complains of excruciating neck pain that is aching and crushing. Pain is rated at a 9/10 with numbness and tingling. Headaches, inflammatory sign, numbness or tingling, sleep-related problem and weakness have been associated with this condition. Physical exam of the cervical spine reveals "tenderness in midline" and "off midline." Mild muscle spasm is noted only on the left trapezius. There is restricted range of motion. The patient had CT scan and MRI of the neck; however, the reports are not included the file for review. Patient's treatments history includes injection therapy and nerve stimulation therapy with "unchanged" response. Report indicates the patient had cervical fusion of C5-C7 in 1989. There were no other significant findings noted on this report. The utilization review denied the request on 03/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/20/2013 to 03/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op physical therapy 2 times a week for 6 weeks:** Upheld

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

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

**Decision rationale:** According to the 02/25/2014 report by [REDACTED] this patient presents with excruciating neck pain that is aching and crushing. Pain is rated as a 9/10 with numbness and tingling. The treating physician "recommended a 2 level ACDF of C3-C4, C4-C5," and 12 sessions of post-op therapy. For post-op therapy following cervical ACDF, OGD recommends 24 sessions. In this case, the patient's surgery has yet to be authorized. There is a dispute over requested surgery which appears to be denied based on utilization review letter 3/12/14. Without surgery, post-therapy would not be indicated and the request is not medically necessary.