

Case Number:	CM14-0049266		
Date Assigned:	06/25/2014	Date of Injury:	09/26/2006
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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 43-year-old male with a date of injury of 09/26/2006. The listed diagnoses per [REDACTED] are: Cervicalgia, Radiculitis, C5 to C6 HNP with stenosis. According to progress report 02/26/2014 by [REDACTED], the patient presents with continued complaint of neck pain that radiates to the bilateral trapezius region, worse on the left. He rates his pain 9/10 on the pain scale. He also complains of weakness in both arms and hands as well as constant headaches throughout the day. This patient is status post cervical epidural steroid injection on 05/28/2013 and lumbar epidural injection on 10/14/2013. The treater states the patient is a candidate for surgery since he has had an acceptable period of conservative treatment with minimal results. He requests an anterior cervical discectomy and fusion surgery at C5-C6, preoperative medical clearance, post-op therapy 12 sessions, and durable medical equipment. This review is for the postoperative physical therapy only. Utilization review denied this request on 03/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post Operative Physical Therapy Two Times Per Week For Six Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines.

Decision rationale: This patient presents with chronic neck and low back pain. The treater states the patient has been treated with conservative care without significant improvement. He is

recommending an anterior cervical discectomy and fusion surgery at C5-C6 and postoperative physical therapy 2 times a week for 6 weeks. MTUS post surgical guidelines allows for discectomy/laminectomy 16 visits over 8 weeks. In this case, the treater is requesting postoperative therapy; however, there is no indication that the requested cervical discectomy and fusion have been approved. Given the surgery has not yet been indicated, the requested postoperative therapy is not recommended. Recommendation is for denial.