

Case Number:	CM14-0065984		
Date Assigned:	07/11/2014	Date of Injury:	04/16/2007
Decision Date:	11/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/09/2014

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 Internal Medicine 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 an injured worker with cervical spine conditions. Date of injury was 04-23-2007. The progress report dated 4/23/14 documented subjective complaints of cervical pain with left upper extremity radiculopathy. He had his cervical injection but reports no significant persistent relief. He continues to have cervical pain with left upper extremity radiculopathy. Any cervical range of motion increases his pain. He continues to take Norco to try to get some relief. He is frustrated with his chronic condition and the change in his quality of life and has decided that surgery will probably provide his best outcome. No changes in bowel or bladder function were noted. No problems with balance, gait or coordination were noted. Medications included Hydrocodone, Opana, Naprosyn, and Omeprazole. Physical examination was documented. The patient was alert and oriented with appropriate mood and affect. He continues to have cervical tenderness and paraspinal spasm as well as dysesthesias down the left upper extremity to the thumb and radial forearm. Left-sided triceps and brachioradialis deep tendon reflexes are hyporeflexic. Spurling's test was positive to the left. His gait was unremarkable. Cervical spine MRI magnetic resonance imaging shows spondylosis throughout the cervical spine. The C4-5 level has a large central disc herniation at indents the thecal sac and abuts the cord. There is also some collapse at this level. He has a left-sided C6-7 herniation and he also has a T1-T2 central herniation. Diagnoses were displacement of cervical intervertebral disc, degeneration of cervical intervertebral disc, cervical intervertebral disc disorder, cervical spondylosis. Treatment plan recommendations included C4-5 anterior cervical decompression and disc replacement. He has spondylosis at C5-6 and C6-7 which appears stable. Disc replacement was requested. C4-5 total disc arthroplasty surgery and post-operative physical therapy were requested. Utilization review determination date was 5/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative physical therapy for cervical spine 2X6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck Chapter, Displacement of cervical intervertebral disc.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Postsurgical Treatment Guidelines state that for displacement and degeneration of cervical intervertebral disc and postsurgical treatment for discectomy and laminectomy, 16 visits over 8 weeks of postsurgical physical therapy are recommended. The postsurgical physical medicine treatment period is 6 months. Medical records document that C4-5 total disc arthroplasty surgery and post-operative physical therapy for the cervical spine were requested. Request for authorization (RFA) was dated 4/25/14. Utilization review determination letter dated was 5/1/14 documented non-certification of the requested cervical spine surgery. Because the cervical spine surgery was non-certified and not scheduled to be performed, the request for post-operative physical therapy is not supported. Therefore, the request for Post-Operative physical therapy for cervical spine 2X6 is not medically necessary.