

Case Number:	CM14-0074498		
Date Assigned:	07/16/2014	Date of Injury:	06/15/1999
Decision Date:	12/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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 Orthopedic Surgeon 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:

This 58-year-old female sustained an industrial injury on 6/15/1999. Injury occurred relative to a motor vehicle accident. Past surgical history was positive for multiple cervical surgeries including: C4/5 fusion with instrumentation posterior C3/4 and C4/5 foraminotomy; posterior C5/6 fusion due to pseudoarthrosis of the anterior surgery at that level; and revision anterior surgery with removal of C4/5 prosthesis (10/12/13). The patient had been prescribed a bone growth stimulator but was not using it per the 2/3/14 progress report. She was advised to resume use. The 2/27/14 cervical spine x-ray findings noted there was an interbody fusion cage at C4/5 with anterior plate and screw fixation. There was no appreciable osseous bridging. The 4/10/14 cervical spine x-rays impression documented stable appearance of degenerative and post-surgical changes of the cervical spine. Findings documented the anterior fusion hardware and interbody graft at C4/5 appeared grossly stable. The 4/14/14 treating physician progress report cited neck and arm pain. The patient had completed 4 out of 12 additional physical therapy sessions. She was working full duty without restriction. Cervical spine exam documented normal alignment, no gross muscle atrophy, bilateral paracervical and trapezius tenderness, and pain with motion. Neurologic exam documented 5/5 motor strength and normal upper extremity sensation. Spurling's test was positive bilaterally. Cervical x-rays were reviewed and revealed a persistent pseudoarthrosis at the C4 graft interface. As it had been 6 months, a posterior cervical fusion with instrumentation was recommended. The patient previously underwent a fusion at C5/6 which also went into pseudoarthrosis and requiring posterior wiring to treat the issue. The 5/13/14 utilization review denied the request for cervical spine surgery and associated post-operative physical therapy as a 2nd opinion was felt to be mandatory for this patient given the history of multiple surgeries. Agreement with this decision was documented by the treating

physician in the peer-to-peer discussion. There is no evidence that this second opinion has been obtained or that surgery has been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions Post-Operative Outpatient Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Post-Surgical Treatment Guidelines for cervical fusion suggest a general course of 24 post-operative physical medicine visits over 16 weeks, during the 6-month post-surgical treatment period. Treatment is recommended after graft maturity. An initial course of therapy would be supported for one-half the general course or 12 visits. Guideline criteria have not been met. The current surgical request is for a posterior cervical fusion with instrumentation due to pseudoarthrosis. Records do not indicate that this surgery has been approved. The medical necessity of post-operative physical therapy prior to graft maturity is not supported by guidelines. Therefore, this request is not medically necessary at this time.