

<b>Case Number:</b>	CM14-0098349		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Surgery and is licensed to practice in Texas. 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 injured worker is a 55-year-old male who reported an injury on 04/15/2008, due to an unspecified mechanism of injury. On 05/02/2014, he reported ongoing pain to the cervical spine radiating down both upper extremities, associated with numbness, tingling, and weakness to the arms and hands. He also reported persistent and increasing pain and stiffness to the lumbar spine, which radiated down to both legs, and was associated with numbness and tingling to both lower extremities. A physical examination of the cervical spine revealed tenderness to palpation over the paraspinous musculature with spasm present, cervical compression and distraction tests were negative, along with foraminal compression testing. Range of motion was documented as flexion to 35 degrees, extension to 40 degrees, right and left lateral bending to 15 degrees, and right and left rotation to 40 degrees. Motor strength in the deltoid and biceps were 5-/5 bilaterally, wrist extensor and flexor muscles were 5-/5 on the right and 5/5 on the left, opponens pollicis longus muscles were a 4/5 on the right and a 4+/5 on the left, and sensation was noted to be decreased in the right C6 and C7 dermatomal distributions. Physical examination of the lumbar spine revealed tenderness to palpation of the paraspinous musculature with spasms present, straight leg raises were positive at 40 degrees bilaterally in both sitting and supine, and sacroiliac strength testing was negative. Range of motion was documented as flexion to 30 degrees, extension to 10 degrees, and right and left lateral bending to 10 degrees. Motor power was noted to be 5/5 throughout, with the exception of the gastrocnemius muscle strength being 4+/5 bilaterally, and there was decreased sensation in the L4, L5, and S1 dermatomal distributions. On 03/06/2012, he reportedly underwent an MRI scan of the lumbar spine that revealed level L5-S1 disc protrusion measuring at 3.4 mm in the neural position, but abutted the thecal sac with a posterior annular tear/fissure, and a pseudo retrolisthesis of the L5 on S1. He was also noted to have undergone a CT scan on 10/03/2012 of the cervical spine, which

reportedly showed ACDF changes at the C5-7 with bony fusion at C5-7, left uncovertebral and facet hypertrophy at C4-5 with mild left neural foraminal stenosis, bilateral facet and uncovertebral hypertrophy at C5-6 with mild right neural foraminal stenosis, left uncovertebral and left greater right facet hypertrophy at C6-7 with mild left neural foraminal stenosis. He was noted to be status post cervical spine revision performed on 02/19/2014. His diagnoses included status post cervical spine discectomy and fusion, status post revision anterior and posterior cervical spine surgery, cervical radiculopathy, status post carpal tunnel decompression, and ulnar nerve decompression of the right upper extremity, disc herniations at L4-S1 per MRI scan, and bilateral L4, L5, and S1 radiculopathy. Medications were not provided within his medical records, and past treatments included physical therapy and surgery. The treatment plan was for physical therapy of the cervical spine and lumbar spine 2 times a week for 6 weeks, quantity #12 sessions. The Request for Authorization form was signed on 05/27/2014. The rationale for treatment was not provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy for the cervical spine and lumbar spine 2 times a week for 6 weeks, QTY: 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

**Decision rationale:** The request for physical therapy for the cervical spine and lumbar spine 2 times a week for 6 weeks, quantity 12 sessions, is not medically necessary. Per the clinical note dated 05/02/2014, the injured worker was noted to have decreased range of motion to the cervical and lumbar spine with slightly decreased motor strength in some planes of the cervical and lumbar spine. It was also noted that the injured worker had already attended physical therapy sessions for an unspecified quantity of sessions. The California Postsurgical Guidelines state that postsurgical treatment for a discectomy/laminectomy is 16 visits over 8 weeks, with a postsurgical physical medicine treatment period of up to 6 months. Based on the clinical information submitted for review, the injured worker had already attended physical therapy sessions to address his postoperative deficits. However, documentation regarding the number of sessions he completed and objective functional improvement with those sessions was not provided. Without evidence of efficacy of the completed physical therapy sessions, additional physical therapy would not be supported. Given the above, the request is not medically necessary.