

<b>Case Number:</b>	CM14-0100444		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	11/01/2005
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

### 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 47-year-old male with a date of injury of 11/01/2005. The mechanism of injury was described as sustaining a low back injury while working as a police officer in a foot pursuit. The exact mechanism of his back injury is not further described. The patient then claimed that while seeking treatment for his back injury, his left shoulder was injured. He claimed that an orthopedic office assistant placed him in a prone position, lifted his left arm above his shoulder and head, and then pushed down very hard on the left shoulder causing a sharp stabbing pain. Documentation calls this alleged mechanism of injury as "highly questionable." It is stated that this patient continued to work an additional 2 weeks following the alleged left shoulder injury in a full duty capacity. Currently, this patient is status post an anterior cervical discectomy and fusion on 7/23/2013 as well as L4-L5 and L5-S1 anterior lumbar interbody fusion on 12/12/2013. Records indicate that he has had resolution of his low back pain, neck pain, and radicular pain to a significant degree. A 5/29/2014 workers compensation neurosurgical follow up consultation report requested additional physical therapy at 3 times a week for another 4 weeks. This same physician also requested a CT of the Cervical and Lumbar spine to assess for adequate cervical and lumbar fusion so as to release the patient back to full duty work. A 3/4/2014 follow up note indicates that the patient had AP and Lateral X-rays of the cervical and lumbar spine showing no malposition of hardware or malalignment in the cervical or lumbar spine. A utilization review physician did not certify the above requests. Therefore an Independent Medical Review was requested to determine the medical necessity of the requested services.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy Sessions (3x4) for the Cervical and Lumbar Spines with focus on core strengthening, work hardening, and increasing cardiovascular capacity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Section 9792.24.3. Decision based on Non-MTUS Citation Erdogmus, 2007

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133 and 26.

**Decision rationale:** In accordance with the California MTUS guidelines the postoperative period for a cervical and lumbar fusion is considered 6 months. This patient had his lumbar fusion on 12/12/2013 and he is currently out of the 6-month postoperative period. The MTUS physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional 12 sessions. The need for this additional physical therapy outside of the treatment guideline recommendations has not been established. Likewise, this request is not medically necessary.

**Computed Tomography (CT) of the Cervical Spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): CT of the cervical spine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines neck and upper back complaints Page(s): 170-190. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Journal of Neuroradiology. CT Evaluation of Lumbar Interbody Fusion: Current Concepts. Alan L. Williamsa, Matthew F. Gornetb and J. Kenneth Burkusc. AJNR Am J Neuroradiol 2005 26: 2057-2066.

**Decision rationale:** The MTUS and ACEOM guidelines do not address when to order a CT post cervical fusion for further evaluation of the fusion. Therefore, outside guidelines were referenced. The American Journal of Neuroradiology notes the following applicable information: "For many years, dynamic lateral flexion and extension radiographs have been used to monitor the progression of an interbody arthrodesis. These films have significant intra- and interobserver variation. Measurement accuracy is also largely dependent on obtaining true lateral views; suboptimal radiographs are often obtained. Interpretation of plain radiographs is further complicated by the difficulty in judging fusion progression. CT scans are normally obtained 3, 6, 12, and 24 months after a fusion procedure or until solid arthrodesis has been obtained." What is being requested in this case is a CT 6 month's status post fusion. As the above source

demonstrates, CT in this case is considered a more accurate means of examining the results of a fusion than are plain radiography films. This request is considered to be in accordance with a high standard of good medical care, and is likewise considered medically necessary.

### **Computed Tomography (CT) of the Lumbar Spine: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back (web:updated 6/10/14): CT of the lumbar spine; Slebus, 1988; Chou, 2007

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Journal of Neuroradiology. CT Evaluation of Lumbar Interbody Fusion: Current Concepts. Alan L. Williamsa, Matthew F. Gornetb and J. Kenneth Burkusc. AJNR Am J Neuroradiol 2005 26: 2057-2066.

**Decision rationale:** The MTUS and ACEOM guidelines do not address when to order a CT post lumbar fusion for further evaluation of the fusion. Therefore, outside guidelines were referenced. The American Journal of Neuroradiology notes the following applicable information: "For many years, dynamic lateral flexion and extension radiographs have been used to monitor the progression of an interbody arthrodesis. These films have significant intra- and interobserver variation. Measurement accuracy is also largely dependent on obtaining true lateral views; suboptimal radiographs are often obtained. Interpretation of plain radiographs is further complicated by the difficulty in judging fusion progression. CT scans are normally obtained 3, 6, 12, and 24 months after a fusion procedure or until solid arthrodesis has been obtained." What is being requested in this case is a CT 6 month's status post fusion. As the above source demonstrates, CT in this case is considered a more accurate means of examining the results of a fusion than are plain radiography films. This request is considered to be in accordance with a high standard of good medical care, and is likewise considered medically necessary.