

<b>Case Number:</b>	CM14-0188973		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/28/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Emergency Medicine, and is licensed to practice in New York. 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 64-year-old male who was injured on February 2012. The patient continued to experience pain in his neck. Physical examination was notable for clean neck wounds and intact motor strength testing in all extremities. Diagnoses included cervical spinal stenosis, cervical myeloradiculopathy, thoracic sprain/strain, lumbar stenosis, and bilateral lower extremity radiculopathy. The patient underwent anterior C4-C7 discectomy/fusion in April 2014 and posterior fusion C4-7 on May 13, 2014. Treatment included medication, physical therapy, and surgery. Requests for authorization for additional postoperative physical therapy of the cervical spine # 12 and additional physical therapy of the lumbar spine #12 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Post-operative Physical Therapy 2 times a week for 6 weeks for the cervical spine:** 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:** Post-surgical treatment for cervical spinal fusion 24 visits after 16 weeks with post-surgical physical medicine treatment period of six months. In this case per review the patient had completed 24 postoperative physical therapy visits and additional 12 visits were requested. Physical examination indicates that the patient's motor strength is normal in all extremities. There is no indication for additional therapy. Therefore, this request is not medically necessary.

**Additional physical therapy 2 times a week for 6 weeks for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines, Page(s): 98-99.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested 12 visits surpasses the recommended six visits for clinical trial to determine if clinical improvement will take place. The request should not be authorized.