

<b>Case Number:</b>	CM14-0205754		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/02/2003
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Occupational 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:

Injured worker (IW) sustained an industrial injury on 10/02/03. Prior to anterior cervical discectomy and fusion on 09/18/14 she completed an unknown number of physical therapy sessions, and office notes indicate that a home exercise program was in place. 09/29/14 office note stated that pain and upper extremity symptoms were improved following surgery, and 12 physical therapy sessions were ordered. No subsequent clinical documentation is available. 11/12/14 a request for 12 PT sessions was denied following peer review, noting no documentation of how much therapy had been completed to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the lumbar and cervical spine 2 x 6 (12): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface.

**Decision rationale:** MTUS recommends up to 34 postoperative physical therapy visits following cervical fusion. Nearly 5 months have elapsed since date of surgery. ODG states: "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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." There is insufficient available information concerning amount of postoperative therapy completed to date or response to therapy to support the medical necessity for continued PT sessions for the neck at this point in care. Concerning the low back, a course of physical therapy and a home exercise program for the low back are documented in early 2014. A recent flare of low back symptoms which would support additional therapy is not documented. In addition, the 12 requested PT sessions exceed the MTUS recommendation for up to 10 PT sessions for treatment of myalgia/myositis or neuralgia, neuritis, and radiculitis, unspecified. Medical necessity is not established for the requested 12 additional therapy sessions.