

<b>Case Number:</b>	CM14-0207467		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	01/25/2007
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: Oregon, California

Certification(s)/Specialty: Neurological Surgery

### 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 60-year-old female who reported an injury on 07/25/2007. The mechanism of injury was not provided. The clinical note dated 12/03/2014 noted the injured worker complained of low back pain. The clinical note dated 11/19/2014 noted that she was status post, on 09/08/2014, a bilateral C4 to C6 partial carpectomy and anterior at C4-5 and C5-6 with anterior arthrodesis and bilateral decompression at the C4-5 and C5-6 with the use of globous cage and titanium screws. On examination, the injured worker had decreased range of motion with pain to the cervical spine. There was right distal lower extremity peripheral neuropathy noted. Medications included Neurontin 600 mg. Prior therapies included medications, surgery, and physical therapy. The provider recommended 18 postoperative physical therapy sessions for the cervical spine. There was no rationale provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: 18 Post operative physical therapy sessions cervical spine:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

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

**Decision rationale:** The request for associated surgical service: 18 post operative physical therapy sessions cervical spine is not medically necessary. The California MTUS Guidelines recommend postsurgical treatment. However, the guidelines recommend 16 visits over 8 weeks with a postsurgical treatment period of 6 months. An initial trial of 8 visits would be indicated. The request for associated surgical service: 18 post operative physical therapy sessions cervical spine exceeds the guidelines' recommendations. As such, medical necessity has not been established.