

Case Number:	CM14-0087615		
Date Assigned:	07/23/2014	Date of Injury:	07/15/2005
Decision Date:	02/10/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 60 year old female with an injury date of 07/15/05. The 04/11/14 report states the patient presents with worsening neck pain with radiation of aching pain and numbness and tingling to the right upper extremity. Pain is rated 7/10. She is current working with modified duty. Examination reveals tenderness to palpation of the cervical spine right much worse than left with bilateral trapezius tenderness. There is decreased sensation to the right C5, C6, C7 and C8 dermatomes. The patient's diagnoses include: 1. Multiple HNP of the cervical spine with neural foraminal narrowing left C2-3, moderate and left C5-6, severe 2. Canal stenosis C3-4 mild, C4-5 moderate, C5-6 moderate 3. Cervical radiculopathy 4. DDD of the cervical spine with facet arthropathy and retrolisthesis. The provider states the patient is awaiting authorization for a posterior spinal fusion at C4-5 and C5-6. She is receiving ongoing chiropractic treatment with 6 sessions already received. The patient is also receiving care with a pain psychologist and is requesting for psychological clearance for the cervical spine fusion. She is prescribed Hydrocodone. The utilization review dated 05/29/14 denied this request as non-applicable as the requested surgical procedure is recommended for non-certification. Reports were provided for review from 08/13/13 to 04/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Physiotherapy 2xwk x 6wks cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

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

Decision rationale: The patient presents with worsening neck pain with radiation of pain and numbness and tingling sensation to the right upper extremity. Pain is rated 7/10. The current request is for Post-operative physiotherapy 2xwk x 6wks cervical spine. The RFA is not included. The 05/29/14 utilization review states the RFA is dated 04/11/14. The MTUS, Postsurgical Treatment Guidelines, Neck and Upper Back, Page 26 recommends the following: Displacement of cervical intervertebral disc: "Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks; Postsurgical treatment (fusion, after graft maturity): 24 visits over 16 weeks" The 04/11/14 report states the requested therapy is to start at six weeks postoperatively. The reports provided show the provider is requesting both psychological clearance and authorization for posterior spinal fusion, instrumentation and decompression at C4-C5 and C5-C6 since at least the 11/25/13 report. The most recent report provided is dated 04/11/14 and states, "I continue to request and appeal authorization for posterior cervical spinal fusion." The treatment plan from this report repeats the request for authorization for surgery and psychological clearance noted above. The utilization review indicates the request for surgery still is non-certified. In this case, the requested treatment is within what is allowed by MTUS for an initial course of therapy for post-operative treatment for neck and upper back fusion. However, there is no evidence that the planned surgical procedure is authorized and/or scheduled. The request is not medically necessary.