

<b>Case Number:</b>	CM15-0002174		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/23/2007
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 50-year-old [REDACTED] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of July 23, 2007. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to approve a request for 12 sessions of postoperative physical therapy. The claims administrator contended that concurrent request for a cervical discectomy and fusion surgery had been denied. The claims administrator did note that the applicant had previously received a lumbar fusion surgery, it was incidentally noted. The claims administrator contended that the request for a cervical fusion had been denied on two separate occasions through the Utilization Review Report process. The claims administrator stated, somewhat incongruously, in one section of its note that the applicant had no evidence of neurologic compression at C5-C6 and C6-C7, while noting in another section of the note that cervical MRI imaging of February 25, 2014 demonstrated a mass effect upon the right exiting nerve root. The applicant's attorney subsequently appealed. In a December 8, 2014 progress note, the applicant was placed off of work, on total temporary disability, while authorization was sought for a knee arthroscopy meniscectomy procedure. Complaints of low back and bilateral knee pain were evident. Norco, Prilosec, and a topical compounded cream were endorsed. In a July 2, 2014 progress note, the applicant's neurosurgeon sought authorization for a multilevel cervical discectomy and fusion surgery, along with CT imaging of the lumbar spine. On May 27, 2014, the applicant's neurosurgeon had again requested a multilevel anterior cervical discectomy and fusion surgery. The request for postoperative physical therapy was seemingly initiated via an RFA form of August 25, 2015.

The remainder of the file was surveyed on several occasions. There was no evidence that the applicant had undergone, was scheduled to undergo, and/or had received approval for the cervical discectomy and fusion surgery procedure at issue.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**POST-OP PT 3X4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** No, the request for 12 sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. While the MTUS Postsurgical Treatment Guidelines in MTUS 9792.24.3 do endorse a general course of 24 sessions of physical therapy following cervical fusion surgery, as was concurrently sought here, in this case, however, there was/is no evidence that the applicant had (a) undergone the surgery at issue, (b) had been approved for the surgery at issue, or (c) was scheduled to undergo the cervical fusion surgery which is also the subject of dispute. Therefore, the request was not medically necessary.