

Case Number:	CM15-0166567		
Date Assigned:	09/11/2015	Date of Injury:	09/13/2012
Decision Date:	10/15/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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, New York, 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 [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 13, 2012. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for 16 sessions of physical therapy for the cervical spine. A July 13, 2015 RFA form and an associated July 29, 2015 progress note were referenced in the determination. The claims administrator framed the request as a request for postoperative physical therapy following cervical spine surgery. The claims administrator contended that it had failed to approve a concomitant request for cervical spine surgery. On August 20, 2015, a medical-legal stated that he was hesitant to recommend cervical spine surgery citing a paucity of cervical MRI findings. On August 12, 2015, the attending provider recommended a revision lumbar fusion surgery, stating that he believed the applicant developed pseudoarthrosis. On July 9, 2015, it was acknowledged that the applicant had last worked in April 2013. The applicant had undergone earlier lumbar spine surgery and earlier left knee surgery, it was reported. The applicant was on Tylenol No. 3, Motrin, Desyrel, it was reported. Multifocal pain complaints were reported. On July 15, 2015, a lumbar CT scan and cervical epidural steroid injection were sought. The attending provider acknowledged that the applicant failed physical therapy and anti-inflammatory medications for longstanding issues with cervical radiculopathy. Tramadol was endorsed. In an RFA form dated July 13, 2015, a cervical epidural steroid injection, 16 sessions of physical therapy, preoperative laboratory testing, chest x-ray, and EKG were endorsed. The remainder of the file was surveyed. There was no evidence that the applicant had in fact

received authorization for and/or been scheduled to undergo the cervical spine surgery which was also apparently the subject of dispute.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy, Cervical Spine, Two (2) Times a Week for Eight (8) Weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

Decision rationale: No, the request for 18 sessions of postoperative physical therapy for the cervical spine was not medically necessary, medically appropriate, or indicated here. While the Postsurgical Treatment Guidelines in MTUS 9792.24.3 do support a general course of 24 sessions of physical therapy following cervical fusion surgery, here, however, there was no evidence that the applicant had in fact been receipt of authorization for, had undergone, and/or was scheduled to undergo cervical spine surgery, which was also apparently the subject of dispute. Since there was no evidence that the applicant had undergone and/or was scheduled to undergo the cervical spine surgery in question, the derivative or companion request for associated physical therapy was not, thus, indicated. Therefore, the request was not medically necessary.