

Case Number:	CM15-0029389		
Date Assigned:	02/23/2015	Date of Injury:	08/28/2012
Decision Date:	04/10/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/18/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old male who sustained a work/industrial injury on 8/28/12 while lifting boxes. He has reported symptoms of neck and arm pain. Prior medical history was not documented. The diagnoses have included cervical total disc arthroplasty at C5-6; cervical disc disorder with stenosis and cervical radiculopathy. Treatments to date included medication, physical therapy (3-9 sessions), and numerous epidural injections. Diagnostics included a Magnetic Resonance Imaging (MRI) from 12/5/14 that demonstrated reversal of cervical lordosis with tip at C3-4, at C3-4 grade 1 anterolisthesis; at C5-6, grade 1 retrolisthesis, mild canal stenosis and severe right and moderate left neural foraminal narrowing; at C7-T1, grade 1 anterolisthesis. Follow up MRI noted no change. Medications included Tramadol, Gabapentin, and Ibuprofen. Exam noted full range of motion, neurological intact, 1+ reflexes and symmetric, and normal gait. A request was made for physical therapy post-operative care (after cervical disc arthroscopy at C5-C6). On 1/20/15, Utilization Review non-certified a 24 Session Post-operative Cervical Spine Physical Therapy, noting the Non- Medical treatment Utilization Schedule (MTUS) guidelines but cited with Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Session Post-operative Cervical Spine Physical Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99, Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation Post-Surgical Treatment Guidelines Cervical spine surgery, Code of Regulations, page(s) 26.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is indication that the patient has undergone 3-9 sessions of physical therapy for cervical radiculopathy, cervical spine disc bulge, and cervicgia. The patient is awaiting approval for cervical total disc arthroplasty at C5-C6. A utilization review on 1/20/2015 has denied the requests for both C5-C6 total disc arthroplasty procedure and 24 sessions of post-op physical therapy. There is no clear indication that the patient will undergo surgery at this time. Therefore, the request for 24 sessions of post-op physical therapy is not medically necessary.