

<b>Case Number:</b>	CM15-0212370		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	11/18/2003
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Emergency 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 injured worker is a 51 year old male, who sustained an industrial injury on 11-18-2003. The injured worker is currently off work on permanent disability. Medical records indicated that the injured worker is undergoing treatment for C3-4 and C4-5 cervical spinal stenosis, cervical spondylolisthesis, cervical spondylosis with myelopathy, status post anterior cervical discectomy and fusion, cervical cord injury, low back pain, lumbar degenerative disc disease, and leg pain. Treatment and diagnostics to date has included lumbar, thoracic, and cervical spine MRI's, physical therapy (for upper extremity), and medications. Recent medications have included Morphine Sulfate IR, Flomax, Protonix, Valacyclovir, Wellbutrin, Baclofen, Hydrocodone-Acetaminophen, Promethazine, Reglan, Lunesta, Pristiq, Adderall, Toviaz, Aleve, Tizanidine, and Axiron. On 09-23-2015, the injured worker presented for preoperative clearance for cervical spine surgery. Subjective data (09-23-2015 and 09-28-2015), included neck and back pain. Objective findings (09-28-2015) included positive Hoffman's bilaterally and spastic gait. The Utilization Review with a decision date of 10-18-2015 modified the request for 24 physical therapy of the cervical spine to 6 physical therapy of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 Physical therapy visits for the cervical region: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** The requested 24 Physical therapy visits for the cervical region, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has neck and back pain. Objective findings (09-28-2015) included positive Hoffman's bilaterally and spastic gait. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, 24 Physical therapy visits for the cervical region is not medically necessary.