

<b>Case Number:</b>	CM15-0044504		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: Massachusetts

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 64 year old male who sustained an industrial injury on 5/26/2011. Recently he reported having no pain since the surgery, and that his swallowing problem was slowly improving. The injured worker has been diagnosed with, and/or impressions were noted to include, cervicgia; cervical spondylosis without myelopathy; cervical spinal stenosis; facet arthropathy of the cervical spine; spinal cord disease; and brachial neuritis. Treatments to date have included consultations; x-rays - cervical spine; magnetic resonance imaging - cervical spine (3/2/12); cervical spine partial corpectomy, decompression and fusion surgery (10/9/14) with intraoperative fluoroscopy; 12 authorized post-operative physical therapy sessions for the cervical spine; and medication management. He was noted to be temporarily totally disabled while recovering from surgery; having last worked 11/11/2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up visits in four weeks:** Overturned

**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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and underwent an anterior cervical decompression and fusion in October 2014. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the claimant underwent surgery and follow-up is requested to evaluate his progress following surgery and with physical therapy. The request was therefore medically necessary.

**Twelve post-operative physical therapy sessions for the neck:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and underwent an anterior cervical decompression and fusion in October 2014. He has not had post-operative physical therapy prior to this request. Post surgical treatment after the claimant's surgery after maturation of the fusion includes up to 24 physical therapy visits over 16 weeks with a postsurgical physical medicine treatment period of 6 months. The request is consistent with guideline recommendations and therefore medically necessary.